

the Bulletin

Summer 2023

Sidney Kimmel Medical College
Thomas Jefferson University



the Bulletin

Summer 2023 | Volume 101, Number 1

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Postmaster: Send address changes to
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ISSN-0021-5821

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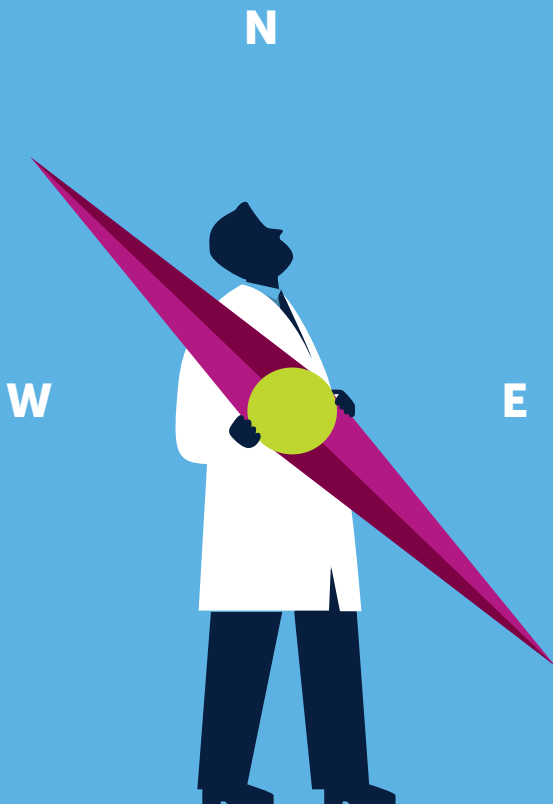
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Dean's Column

199th Commencement

On May 24, 2023, Jefferson President and SKMC Dean Mark Tykocinski, MD, shared the following comments with the graduates at Jefferson's 199th commencement ceremony. Parts of his remarks are drawn from previous commencement speeches. His address appears in lieu of his usual column.

The timing of this graduation is quite special. It comes as a once-in-a-century pandemic has been declared over. You—the Class of 2023—were at the educational epicenter of this global trauma, which struck in the Spring of your first year. During this time, you learned a profound lesson in the power of resilience—and no doubt, you will apply this knowledge for the rest of your personal and professional lives.

Despite the surrealness of the pandemic, and the challenges posed by it, you have continued to dream—to imagine the possible, to frame aspirations, and to talk of breaking boundaries. All that you have accomplished here speaks to it—your achievements under our groundbreaking JeffMD curriculum; your co-curricular engagement with Medicine+ programs fostering cross-cutting ways of thinking; your wealth of extracurricular activities—multifaceted community outreach, Physician Executive Leadership—or my own passion project, the Dean's Student Leadership Forum, which allowed me to meet face-to-face with some of you in sessions spanning three years.

So, it's fair to now ask: What propels us to transcend artificial boundaries, regardless of the challenges? And what can *you*, Class of 2023, learn from your Jefferson experience and take forward?

For an answer, I look to my wife's late uncle. Uncle Ralph would close his letters with the phrase "The Wind is Free"—in place of a signature. The word free suited him well. Notwithstanding his splurge on the sailing yacht he himself designed and financed, this well-to-do

Connecticut real estate developer was otherwise remarkably low-key. At black tie events, he wore a scissor-cut black nautical rope in lieu of formal bow tie – a free bow tie, if you will.

For decades, no one thought to ask Uncle Ralph what he really meant by "The Wind is Free." Not long before he passed, I posed the question. Some weeks later, I received two handwritten pages, with a message in line with his passion for the sea, from this sailor, who had been on a U.S. Navy staging warship at the Normandy landing on D-Day:

"The wind is a force that cannot be bought. One can easily buy the boat, but one cannot buy the wind that will take you to your destination. One will have to contend with obstacles such as storms, depressing calms, and strong winds. One may need money to buy the boat, intelligence to direct the boat, but the ultimate "force" to move the boat is something that nobody can buy. This is the wind that is free, and this is the wind that carries a person to their destination."

How insightful and true these words are!

As you now set sail for the open and wholly uncharted waters of your personal and professional lives, carry with you the essence of this message. The wind—the forces that motivate and drive—will differ for each of you. For some, sheer ambition; for others, payback to loved ones who sacrificed to pave your way; for others, nobility of the mission. Your wind will comprise those forces that foster creativity and unleash curiosity. Let your free spirit soar.

These forces share something in common—they are cultivated from within, free of charge. They are not purchased or dependent on others. This inner wind is free in abundance to lift you into flight, at times to great heights. The only thing required is that you consciously direct this wind, come to understand it, tap into it, and apply it with purpose.

I know that this message resonates with you. One proof point—the wealth of independent and imaginative Scholarly Inquiry and JeffDesign projects that have emanated from your class are a testament to how our university has given you a sense of what directing that wind in the sails feels like.

I'd offer yet another interpretation of free. Wind is not just free of charge. Wind is also free of constraint. It blows freely, in all directions, pushing obstacles aside, or simply skirting around them.

True professionals—physicians, scientists—must allow their inner wind to operate free of constraints from others. They must look past critiques and not need or require external validation. As your creativity unfolds, know that you will at times have to withstand critiques, sometimes biased, on the way to the recognition of your innovation. Those graduate students who have had to withstand critical reviews of their scientific manuscripts, or medical students who have floated some paradigm-defying idea in a small group session to quizzical onlookers, have already experienced this. It takes guts to put yourself out there and to stick to your convictions. Sometimes it will mean operating in loneliness as others catch up.

But independence does not mean being a lone wolf. Quite the contrary. Collaboration is paramount. Converging winds gather greater force. Teamwork draws on a collection of imaginations and experience, powered by free flow of intelligence. The key here is balancing the benefits of the converging winds with the simultaneous need to protect your own creative winds.

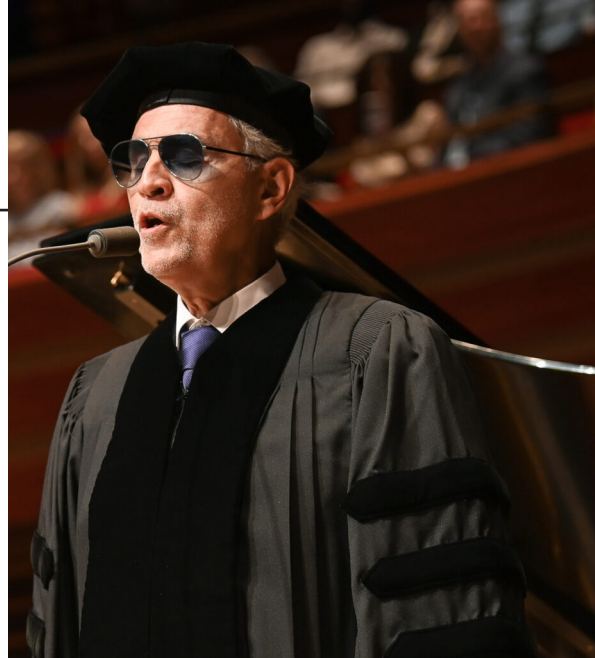
Point #1: The wind to propel you is there for you to harness. Point #2: Don't let others deflate or misdirect your wind power.

Let me suggest a third perspective on "The Wind is Free."

Paul Klee's "Angelus Novus" watercolor drawing portrays an angel being blown forward by stormy winds, all the while facing



| SKMC graduates



| Andrea Bocelli

backward. The German-Jewish philosopher Walter Benjamin, who bought the drawing in 1921, imagined this as the angel of history.

In an iconic essay, he described Klee's angel as follows: "His face is turned toward the past. Where we perceive a chain of events, he sees one single catastrophe, which keeps piling wreckage upon wreckage and hurls it in front of his feet The storm irresistibly buffets him into the future to which his back has turned, while the pile of debris before him mounts skyward. This storm is what we call progress."

Class of 2023—resist being this backward-looking angel of history, focused on the faults of the past and ignoring a future landscape replete with possibility. As *your* wind propels you, face forward, relentlessly reaching for the positive the future holds. Learning from the past is not being mired in the past. As healers, you are obligated to hard-wire for optimism. We are a species capable of awe, of appreciating the grandeur of nature and human life. See beyond the horizon of your own lives, to the glimmer of things that are greater. I say this as the son of two Auschwitz survivors—whose nuclear families were decimated in the Holocaust—yet, through sheer will, powered themselves, forward-facing, to embrace a positive life for themselves and their children.

Admittedly, there is an irresistible draw to be a backward-facing angel of history. The groupthink

of intellectual monocultures and political tribalism—powered by the curse of connective technologies—would have us obsess about past carnage. To be forward-facing requires you to think freely and independently, cherishing your individuality. Be powered by positive principles and imagination that are native to you and an expression of your own diversity. Walt Whitman captured it beautifully in advocating for "a way of life that encourages the full flowering of every individual's unique personality, in a tapestry of infinite diversity."

Caught up in humdrum routines, we may ignore the wonders of our existence. Perhaps they're too close-up, like the Neo-Impressionist pointillism of a Seurat painting. Up close, we see a cacophony of disconnected dots. But take a step back, and the image emerges, with heightened luminosity and brilliance of color. So too is life. Often, we are simply too close up and see mostly flaws. But step back—disengage—and the wonder of it all emanates. As the Swiss modernist Ludwig Hohl puts it: "Some things can only be made clearer when one distances oneself drastically from them."

Speaking of wonders, the amazing Andrea Bocelli is our honorary degree recipient this year. Post-pandemic, our world is in desperate need of healing—and so, too, is each one of us. And music is a remedy like no others. Music lifts the spirit, unifies, and un masks our inner

creative selves. At Jefferson, we have infused music throughout—noontime dean's concerts, remarkable musical performers and acapella groups, live performances in the atria of our hospitals—all are part of our Medicine + Music archetype. The soaring voice of Andrea Bocelli is your send-off, Class of 2023, as you sail off to your lifelong calling to heal—not only bodies and souls, but also the collective body politic. Harness your wind—forward-facing—with optimism. As you embrace a world of post-pandemic opportunity, let this simple motto guide you: The Wind is Free.

Congratulations! Onwards and upwards! 🎵



Mark L. Tykocinski, MD

President, Thomas Jefferson University
Anthony F. and Gertrude M. DePalma Dean
Sidney Kimmel Medical College

Time Capsule



Jefferson Reflects on Nearly 50 Years of Physician Shortage Area Program

The initiative works to increase the supply and retention of physicians in rural areas.

BY GRETEL KAUFFMAN

Growing up on a dairy farm in Curwensville, Pa., Doriann Lavery, MD '08, developed an early interest in medicine while watching her father care for their family's cows.

Dr. Lavery knew she wanted to return to a similar rural setting someday as a family doctor. So she was intrigued when she heard about Jefferson's Physician Shortage Area Program (PSAP), an initiative developed in the early 1970s to support medical students from rural areas who want to practice in rural areas.

"I thought it was really neat that such a good school in a big city would have an interest in a small-town farm girl like me and in trying to get care to where there aren't as many resources," she says. Fifteen years after graduating from Sidney Kimmel Medical College's PSAP, Dr. Lavery is a primary care physician in Philipsburg, Pennsylvania, 35 minutes from her hometown. She's one of many

graduates of the program who have returned to their rural roots to practice—and stayed there.

Over the nearly 50 years since it was established, the PSAP has consistently tracked and analyzed its own effectiveness in producing physicians who practice, and remain, in rural areas. Their findings may offer lessons for programs with similar goals.

Recognizing a Need

In Pennsylvania, nearly half of all physicians practice in three of the state's largest counties: Philadelphia, Montgomery, and Allegheny, which contains the city of Pittsburgh. Meanwhile, nearly three-quarters of the state's population lives in its remaining 64 counties.

In Delaware, physicians also are disproportionately concentrated around urban centers: Roughly 20% of Delaware residents live in a rural area, but only 9% of physicians practice in rural areas.

To address these disparities, the college established the PSAP in 1974. The idea behind the program was simple and remains the same to this day: Recruit and selectively admit students from rural backgrounds who know they want to practice in a rural area someday and offer support and resources to them throughout their medical school experience. The program initially focused on students who planned to practice family medicine but has since expanded to include those wishing to practice any medical specialty needed in rural communities.

"You might think a program like this requires tons of resources, but it's not rocket science," says Robert Motley, MD '95, director of the PSAP and a professor of family medicine. "You have to figure out how to make it work with what's available in your milieu. The best way to do that is to look at the published data that comes from the PSAP and other successful programs."

Time Capsule

Choosing Wisely

Elizabeth Klingensmith, a third-year PSAP student, earned her undergraduate degree at Emory University in Atlanta, an experience that she says opened her eyes to disparities in urban and rural medicine after growing up in rural Pennsylvania.

"I realized how different it is and how a lot of progress happens in urban communities that rural communities like the one I grew up in don't benefit from," she says. "I learned the value of going and learning where you need to learn but returning to a community that needs help."

When Klingensmith read about the PSAP while applying to medical schools, "I was like, 'This is what I want to do,'" she says. "I want to work in a community like the one I grew up in because I know there's a need in these communities."

PSAP leaders attribute the program's success largely to its admissions process. All PSAP applicants must complete a secondary application on top of their standard medical school application, which includes an interview and written questions about the applicant's rural background and interest in the program. The program also has established a partnership with eight universities in the region, in which undergraduate students are recommended to the PSAP by a faculty committee at their respective schools after a separate interview and screening process.

Three factors known at the time a student applies to medical school—a rural background, a desire to practice in a rural area and an interest in family medicine—are particularly useful in predicting whether that student will follow through on their plans to practice long-term in a rural setting, according to the University's analysis of student outcomes. Of all Jefferson medical school graduates still practicing in a rural area three decades after graduation, 80% met at least one of these criteria.

"Students who really want to be in this space will often say, 'I grew up rural, and I've experienced both the good and bad of that,'" Dr. Motley says. "We hear a lot of narratives about how someone's grandmother could not get care, or how they had to travel three or four hours to the closest major medical center, or how the only family doctor in their hometown has retired and left the town without a primary care physician."

Applicants also are asked to submit three letters of recommendation, which must be from people who live in the applicant's hometown or nearby—for instance, a former employer, high school coach, Boy or Girl Scout troop leader, or family friend. Klingensmith asked the priest at her hometown church for a recommendation while Dr. Lavery submitted letters from her pastor and high school principal.

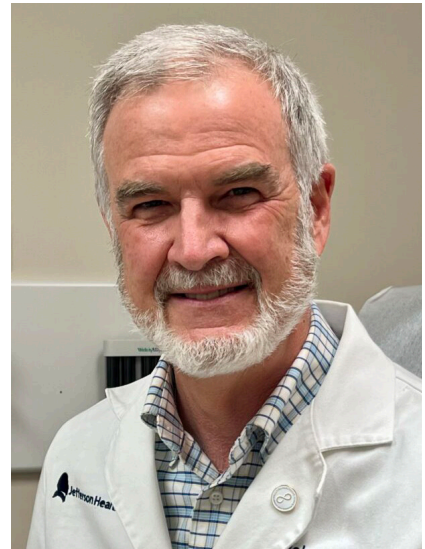
Ideally, Dr. Motley says, these letters will give the admissions team a sense of whether the applicant has previously talked about their desire to return to a community like the one they grew up in.

"You definitely get a flavor in the letters for whether a person is comfortable in their rural community and whether, when they say they want to go back and live there, it's genuine," Dr. Motley says.

"A Wonderful Dialogue"

While PSAP curriculum requirements mirror Jefferson's standard medical school curriculum, the program offers additional support mechanisms and rural-specific opportunities outside the classroom.

PSAP-specific faculty advisers make themselves available for advice and guidance whenever needed. But peer support is another central part of the program, with each first-year student assigned to a student mentor and each PSAP cohort holding regular group meetings to commiserate over challenges, celebrate their successes, and support one another in acclimating to the



| PSAP Director Dr. Robert Motley says tracking and analyzing medical student and graduate outcomes gives his team measurable insights into the program's success.

school's urban setting. In her first year, Klingensmith and her PSAP classmates met monthly, with meetings gradually becoming less frequent in their second and third years as schedules became busier.

"It's still a really good way to decompress," Klingensmith says. "Some months are harder than others, but then other times we'll get to share our happiness, too."

Coming from a rural setting and never having visited Philadelphia before her med school interview, Dr. Lavery found life in the city intimidating when she first enrolled at Jefferson, she says. "It was nice to have some extra support and to know a few faces who had the same background that you did."

As a requirement of the program, each PSAP student must complete a six-week rotation in a rural community. Klingensmith completed her rotation in a family medicine office in Latrobe, Pennsylvania, not far from her hometown.

"It was really great for me because I could relate to a lot of the people and be like, 'Oh yeah, my high school used to play Latrobe,'" says Klingensmith, noting the rotation



I want to work in a community like the one I grew up in because I know there's a need in these communities.

– Elizabeth Klingensmith, Medical Student

also deepened her understanding of a family doctor's role in a rural community.

"It's very different in that the physicians there were independent and willing to do a bit more before referring," she explains. "We think of family medicine visits as being too quick to get anything done, but in 20 minutes we could accomplish a lot."

Dr. Lavery also completed her rotation in Latrobe, an experience that had a big impact on her—so much so that she went on to complete her residency there after graduation.

"We got to see everything there because we didn't have to compete with different specialties or subspecialties," she says. "The specialists only had us to teach, so they would grab us and pull us into everything."

The program's strong alumni network also provides students with

valuable insights into rural medicine, Dr. Motley says, with graduates joining as guest speakers at group lunches or conducting virtual or in-person Q&As with students. Other program graduates have hosted current students in elective preceptorships.

"They're getting a glimpse of, 'Hey, what does life look like 10 or 15 years down the road for me?'" Dr. Motley says. "It's been a wonderful dialogue."

Tracking Outcomes

Jefferson has closely tracked and analyzed medical student and graduate outcomes since 1964, giving PSAP leaders measurable insights into the program's success. Fifteen academic papers and one book have been published on PSAP outcomes.

PSAP students are over eight

times more likely to practice rural family medicine than their non-PSAP classmates, according to data collected between 1978 and 2002, and approximately three times more likely to practice any specialty in a rural area. Another analysis of University data found the PSAP had produced 12% of all rural family physicians in Pennsylvania.

The program's graduates aren't just more likely to practice in a rural area—they also have a track record of staying there. A long-term study of PSAP alumni found that roughly 70% had remained in rural family practice in the same area for at least 20 to 25 years after they first began practicing, and another 10% had moved to another rural area.

A half-century after it began, the PSAP is now well into its second generation, Dr. Motley says. "We're having applicants whose parents were PSAP graduates."

Fifteen years after her own graduation, Dr. Lavery says that, as a rural physician, she's seen "so many specialists come and go" from her small community, making her all the more appreciative of the PSAP's approach to recruiting and supporting rural students. As a student, she likely couldn't have guessed the details of exactly where she would end up, Dr. Lavery says, but with the support of the PSAP steering her in the right direction, her passion for rural medicine has remained.

"I went into the program figuring I was going to be a family doctor in a rural area," she says, "and I've stuck to that." 🍷

Editor's Note: This article was originally published in the *Rural Monitor*, a publication of the *Rural Health Information Hub*. Reprinted with permission.





| Jeffrey Honickman, Marjorie Honickman, Lynne Honickman, Harold Honickman

The Honickman Center *Reimagining the Patient Experience*

Jefferson is pleased to announce a life-changing—and life-saving—\$50 million gift from Lynne and Harold Honickman and their children Marjorie and Jeffrey Honickman and Shirley and Richard Hahn, in support of its new 19-story medical building rising at 11th and Chestnut streets in Philadelphia.

Opening in 2024, Jefferson’s bicentennial year, the newly named Honickman Center is a quantum leap forward and will be the state-of-the-art linchpin to Jefferson’s strategy to revolutionize modern healthcare. Designed to provide a truly exceptional patient experience, this technological marvel will enable Jefferson to expand its commitment to improving lives for families and

communities across the region, transforming healthcare not only for the citizens of Philadelphia, but also the city itself.

Each detail—every nuance—was deliberately conceived with the needs of the patient squarely in focus. This pioneering facility supports integrated, personalized care for a multitude of medical conditions, centralizing an array of 12 nationally ranked clinical specialty programs and divisions, and utilizing emerging technologies including digital wayfinding, virtual surgical theaters, voice assistants, wearable data integration, augmented and virtual reality, and robotics.

The Center boasts more than 300 exam rooms, 58 infusion

chairs, 10 operating rooms, six endoscopy rooms, imaging and lab services, a pharmacy, and three levels of underground parking. The design is especially welcoming to neurodiverse patient populations, complete with sensory-calming spaces and a healing garden.

Throughout their partnership with Jefferson, Lynne and Harold Honickman and their children have been devoted leaders, benefactors, and friends, committed to our shared mission to improve lives. This landmark gift joins the Jefferson and Honickman names in a profound way, exemplifying the power and promise of philanthropy in action.

Jefferson Leader Recognized for Exemplary Service



Charles A. Pohl, MD, Thomas Jefferson University Senior Vice Provost of Student Affairs, and Sidney Kimmel Medical College Vice Dean of Student Affairs and Professor of Pediatrics, was selected by the Association of American Medical Colleges (AAMC) as the 2022 *Group on Student Affairs (GSA) Exemplary Service Award* winner at the 2022 Virtual Award Recognition Event on Wednesday, October 26.

NIH Awards Research Training Grant to Jefferson Scientists



The National Institutes of Health (NIH) awarded a Ruth L. Kirschstein NRSA Institutional Research Training Grant (T32) to Thomas Jefferson University scientists Diane E. Merry, PhD, and Jeffrey L. Benovic, PhD, to provide support for a Pre-doctoral Training Program in Cellular, Biochemical, and Molecular Sciences (CBMS).

The team requested five years of funding to support the Program's broad, cross-disciplinary training in the use of biochemical, cellular, and molecular strategies to address important scientific questions in health and disease. Faculty research mentors hail from 10 basic and clinical departments and together work toward the Program's goal to produce scientists with strong expertise in critical scientific reasoning, rigorous and reproducible experimental design, quantitative approaches, and excellence in data analysis and interpretation.

Career development programs and plans to enhance diversity within the biomedical research workforce will not only enhance the CBMS Training Program, but will also enrich and elevate the overall pre-doctoral training environment at Thomas Jefferson University.

Jefferson's Salvatore Mangione, MD, Receives Award for Work on Medical Humanism



Salvatore Mangione, MD, Associate Professor of Medicine and Associate Director of the Internal Medicine Residency Program at Sidney Kimmel Medical College, was

honored by the American College of Physicians (ACP) with the *Nicholas E. Davies Memorial Scholar Award for Scholarly Activities in the Humanities and History of Medicine* for his work on medical humanism. Dr. Mangione is a champion of the incorporation of the humanities into the medical school curriculum.

The award is given for outstanding scholarly activities in history, literature, philosophy, and ethics and contributions to humanism in medicine. Honorees for this prestigious award have to have "demonstrated qualities of warmth, compassion, idealism, and energy pertaining to humanism in medicine."

Established in 1992, the award honors the late Dr. Nicholas E. Davies, former ACP Regent and President-elect.

Dr. Edith Mitchell Named Enterprise Vice President for Cancer Disparities



Edith P. Mitchell, MD, MACP, FCCP, FRCP (London), Director of the Center to Eliminate Cancer Disparities and Clinical Professor of Medicine and Medical Oncology, has been named Enterprise Vice President for Cancer Disparities at Jefferson Health's Sidney Kimmel Cancer Center.

In her new role, Mitchell will be responsible for developing and coordinating operations for cancer care disparities across the Jefferson Enterprise, overseeing a team focused on the quality and cost effectiveness of cancer care, patient-oriented outcomes, as well as identifying and eliminating

barriers to care, especially those related to racial, ethnic, and socioeconomic disparities and the social determinants of health.

Mitchell joined Jefferson in 1995, and has held numerous leadership positions. Throughout her career, she has prioritized individuals in medically underserved communities. Her research examines the ethnic, socioeconomic, and other factors affecting clinical trial participation and barriers to accrual among minorities, as well as novel drug evaluation, chemoradiation strategies, new therapeutic regimens, supportive care, and patient selection criteria for clinical trials in breast, colorectal, and pancreatic cancers and other GI malignancies.

In addition to her myriad contributions to medicine and health disparities research, Mitchell is a retired U.S. Air Force Brigadier General – the first woman physician to attain the rank in history.

Cookin' Up Culinary Medicine

When first-year JeffMD students prepare a sauce made of dark, leafy vegetables to ladle on top of their pasta verde, toss fresh brussel sprouts in garlicky breadcrumbs, and top a salad with crunchy toasted walnuts, they're also learning about brain health. Moreover, they aren't just cooking an Ethiopian-inspired meal with atakilt wot, misir wot, and fossolia: they're learning about the Mediterranean diet and heart health.

On a mission to nourish minds, bodies, and the Philadelphia and Camden communities with culinary nutrition education, Vetri Community Partnership is teaching people—and SKMC students—that food is more than a biological necessity; it's medicine.

"Our partnership [with Jefferson] began because we were fortunate enough to work with the humanities department in the Fall of 2020," Maddy Booth, CEO of Vetri Community Partnership says. "The Food as Medicine course has been running since then, both



**VETRI
COMMUNITY
PARTNERSHIP**

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virtually and in person, and then a combination of the two."

The Culinary Medicine workshop consists of eight classes with a complete syllabus that aligns with the subjects that first-year SKMC students learn in their organ blocks.

"We try to make sure that we're dialing in on the competencies that the school is eager for them to achieve, but I would [look at the purpose of the class] in four different ways," says Booth. "The first is personal wellness. I think doctors are gearing up for a marathon of a career and need to be mindful of how they're treating themselves."

"Secondly, I think they can apply empathy and cultural competency to the patients they're going to be working with," Booth says. "Thirdly, I think there's joy. We hear a lot about the fact that it's [students'] favorite

class in medical school, and so I think that little piece of humanity brings it all to a practical level."

The fourth purpose, Booth explains, is camaraderie. "[Students] realize they don't have to do healthcare alone," says Booth. "It's a collaborative effort that is leveraging expertise from so many different entities. There are community organizations that support the holistic view of healthcare, and that's helpful for future doctors to see and realize."



| Laura Lloyd, Dr. Gregory Kane, Diane Burke, Jennifer Purtell, Dylan Burke, Barbara Francos, Dr. George Francos, Dr. Rakesh Gulati, and Kristina Burke.



| Dr. Gregory Kane and Dr. Rakesh Gulati

Jefferson’s Department of Nephrology—Fostering a Legacy of Excellence, Empowerment, and Inspiration

As former Division Chief of Nephrology and the first Beatrice F. Nicoletti Professor of Nephrology, Dr. James Burke, Jr. was beloved by the fellows he taught; the colleagues he inspired; and the grateful patients whose lives he changed—and saved. Long considered one of the region’s top nephrologists and with a career at Jefferson spanning four decades, Dr. Burke always put his patients and their families first. Incredibly passionate about teaching the next generation of world-class nephrologists and mentoring dozens of fellows throughout his tenure, his longstanding commitment to kidney disease research helped to set medication standards for kidney transplants that impacted patients across the globe.

To pay tribute to Dr. Burke and to celebrate his venerable legacy, Jefferson has named Rakesh Gulati,

MD, MRCP, FASN, as the inaugural James F. Burke, Jr., MD Nephrology Fellowship Program Director.

Gulati, an esteemed leader and integral part of the Department of Nephrology, is also a Clinical Professor of Medicine, the Medical Director of the DaVita Dialysis Units at Walnut Towers and Callowhill, as well as a respected researcher, prolific author and in-demand lecturer. His work has been recognized not only at Jefferson, but also regionally and nationwide. A close friend and colleague of his mentor Dr. Burke, Dr. Gulati will further his legacy by utilizing the philanthropic support of the Burke Directorship to provide continuing medical education activities, research opportunities, and salary support for the eight fellows hosted each year by the Division of Nephrology.

To commemorate this honor, a ceremony attended by members of the Burke and Jefferson families was held on Monday, April 17, 2023, at the Union League of Philadelphia. In addition to Dr. Gulati, event speakers included Gregory C. Kane, MD, MACP, the Jane and Leonard Korman Professor of Pulmonary Medicine and Chairman of the

Department of Medicine at Sidney Kimmel Medical College, George C. Francos, MD, former Beatrice F. Nicoletti Professor of Medicine and Former Director of the Transplant Nephrology Fellowship and Nephrology Fellowship Programs, and members of the Burke family.

Dr. Burke was integral to the advancement of the Division of Nephrology. Through this esteemed Directorship, Dr. Gulati will uphold his lifelong commitment to training the future leaders of the discipline. Dr. Burke’s legacy of compassionate, empathetic care will live on, forever embodying Nephrology at Jefferson—today, and for generations to come.



Explore, Learn, and Experience the World with Jefferson Alumni!

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Stress, Obesity, and Pancreatic Cancer

A common response to cellular stress may be the key to pancreatic cancer in people with obesity, pointing to new therapy for this difficult-to-treat cancer.

BY EDYTA ZIELINSKA

Early in her scientific career, as a postdoc working on pancreatic cancer, Elda Grabocka, PhD, read a review article that changed her trajectory. It discussed the importance of cellular stress in cancer formation. A few months later, she discovered that her own line of research intersected with recently discovered stress-related organelles called “stress-granules.” “I had to learn more! I couldn’t help but wonder whether stress granules were the missing link between cancer and obesity,” says Dr. Grabocka.

Obesity, which causes stress and inflammation throughout the body, is a known risk factor for at least 13 types of cancer, but understanding this relationship well enough to block it has been challenging.

Dr. Grabocka knew that stress granules were an unusual sort of cellular compartment. The cell generates these dense globules of RNA and protein in response to cellular stresses like viral infection, neurodegeneration or starvation. In fact, they protect the cell from stress-induced self-destruction. It’s a cellular reflex and defense mechanism that’s present throughout the animal and plant kingdoms. Even tomato plants produce stress granules.

Dr. Grabocka started by studying the link between pancreatic cancer and stress granules and was able to show stress granules were abundant in the tumors of patients with pancreatic cancer, proving there was a relationship worth exploring.

Indeed, after Dr. Grabocka’s paper on pancreatic cancer was published, other researchers showed that many cancers produce high levels of stress granules to prevent their own self-destruction.

When Dr. Grabocka came to the Sidney Kimmel Cancer Center–Jefferson Health, she began to probe the relationship further. She created a mouse model of pancreatic cancer that blocked the formation of stress granules in cancer cells. Her team saw a whopping 50% reduction in cancer growth in those mice. This was already an impressive effect, but Dr. Grabocka wondered whether it could be even bigger in obesity-related pancreatic cancer.

Obesity affects two thirds of all adults in the U.S. and 50% globally. It also doubles the risk and mortality for pancreatic cancer. About 33% of pancreatic cancer is obesity-related, a number that is only expected to rise in the coming decades.


To test the role of obesity, the researchers took two different types of mouse models of obesity and looked at pancreatic cancer in these

mice. Both obesity models had five to eight times the amount of stress granules in their cancers as non-obese mice. This suggested that the cancers in obese mice might be dependent on stress-granules for their growth. “When we take away the thing a cancer depends on to live, we can kill the cancer,” says Dr. Grabocka.

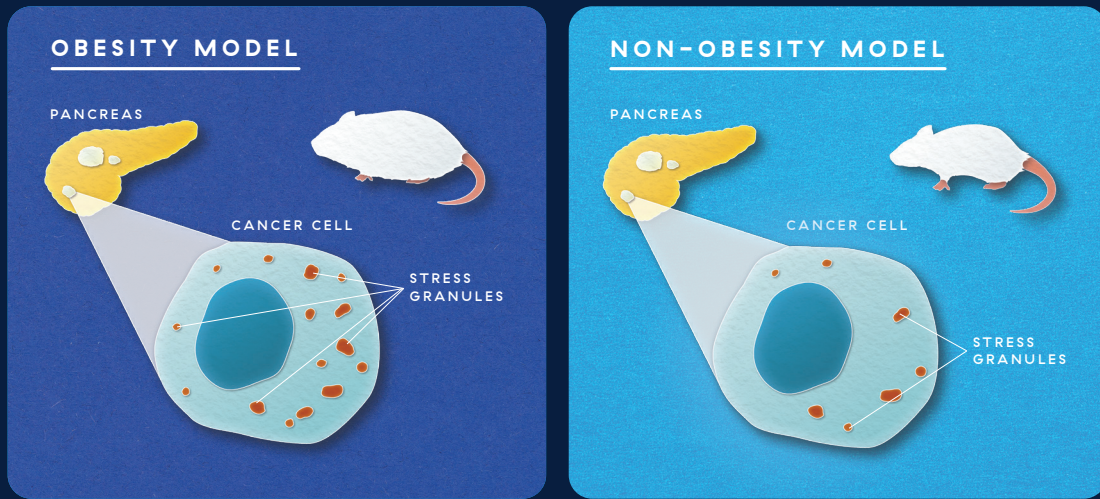
When the researchers blocked stress-granule formation in obese mice with pancreatic cancer, the results were really quite surprising. They either saw no cancer growth, or 1/14 and 1/20 the amount of growth they’d expect in obese mice with intact stress granules.

The most striking difference was their overall survival. Normally in models of pancreatic cancer, mice die very quickly, within 50–60 days. In obese mice whose stress granules were blocked, 40% were cancer-free after 300 days.

These experiments, published in the high-impact journal *Cancer Discovery*, showed that stress granules were actually driving the growth of cancer at the very start. “This is the first direct evidence linking stress granules to cancer progression,” says Dr. Grabocka.

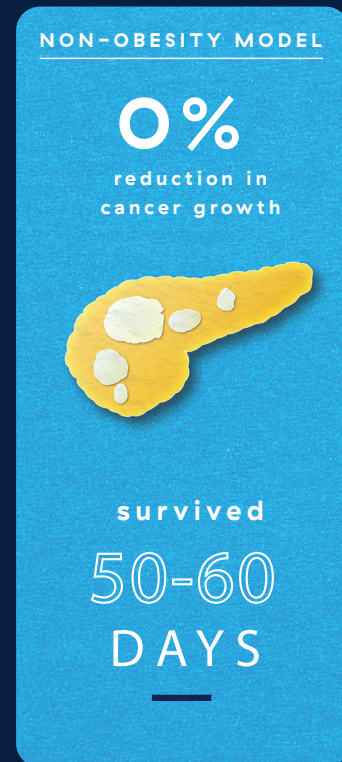
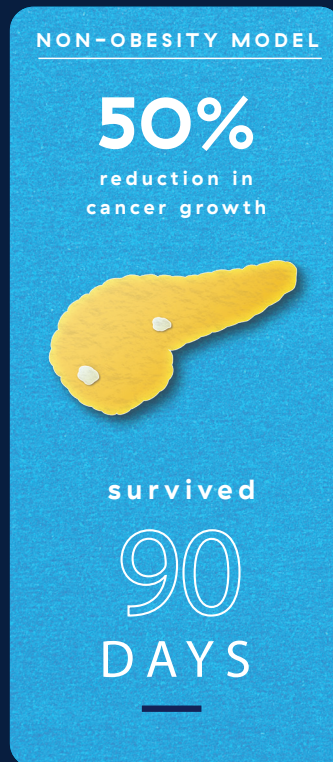
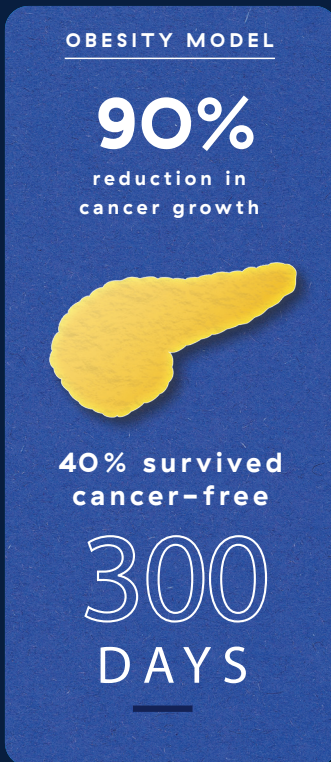
Importantly, Dr. Grabocka’s lab also identified drug targets that block stress granules in obesity-related pancreatic cancer. The next step is to see if they can be translated for use in humans. 

LINKING PANCREATIC CANCER AND OBESITY



↓ **STRESS GRANULES
BLOCKED** ↓

**STRESS GRANULES
NOT BLOCKED**



ILLUSTRATIONS BY AVA SCHROEDL

↑ CAPITALIZING ON STRESS

To test the role of stress granules in cancer, Dr. Grabocka and colleagues looked at pancreatic cancer in obese vs. non-obese mouse models (top panel), where they saw more stress granules in obese mice (top left). Blocking stress granules in obese and non-obese mice led to less cancer growth and increased survival (bottom left panels) compared to mice whose stress granules were not blocked (bottom right panel). But in obese mice, the difference was much greater, suggesting that blocking stress granules in this cancer subtype could offer a new avenue for treatment.

Feature



Gray Matter

Bringing ethics education out of the classroom and to the bedside is the only way we can expect the next generation of physicians to develop the skills to cope with the complex ethical problems they will face today and the novel problems of the future.

BY KASEY SHAW

On July 25, 1972, reporter Jean Heller broke a story in the Washington Star that changed the American medical establishment forever. For the prior 40 years, the federal government had been studying the effects of untreated syphilis on 623 impoverished Black men despite the availability of penicillin and knowledge of its curative outcome on the disease. The men, sharecroppers from rural Macon County, Alabama, were lured into the study with promises of free medical care, hot lunches, and burial stipends. They were not informed of their diagnosis or the purposes of the research study.

The “Tuskegee Syphilis Study” raised the specter of another ethical abuse in the 20th century. Between 1946 and 1947, the “Doctor’s Trial,” held in Nuremberg, Germany, exposed German physicians’ involvement in inhumane experimentation and systemic murder of peoples they deemed “unworthy of life,” establishing the Nuremberg Code. The Code’s first principle—that the voluntary consent of the human subject is essential—was meant to provide worldwide regulation and a set of ethical principles in research involving human subjects.

And yet, Tuskegee still happened. With a festering mistrust in governmental bodies, medical

establishments, and their physicians, people wanted to know *how* and *why*, and perhaps most importantly, *what do we do to ensure this never happens again?*

“Knowing about principles is one thing; knowing how to apply them in the messy real world is another,” says David Oxman, MD, an associate professor of medicine in Jefferson’s division of pulmonary, allergy, and critical care medicine.

Oxman is the thread director of ethics and professionalism at Sidney Kimmel Medical College (SKMC) and runs the ethics consultation service at Thomas Jefferson University Hospital. He believes the key to avoiding another Tuskegee starts with how we train physicians today.

Ethics has been baked into the practice of medicine at least as far back as Hippocrates and the credo to do no harm. In 1847 at the first meeting of the American Medical Association, the group adopted a set of standards for conduct in hospitals and clinics. Yet, it wasn’t until the 1970s, following Tuskegee and several high-profile lawsuits that challenged previous standards for ethical operations—1973’s *Roe v. Wade*, 1973’s *Dax Cowart Case*, and the 1975 *Karen Ann Quinlan Case*, to name a few—that ethics became a formal part of medical education. Supported by grants from the National Endowment for the

Humanities, the Institute on Human Values in Medicine, and the Society for Health and Human Values launched a project to develop bioethics in medical education. In 1977, Johns Hopkins University School of Medicine became the first medical college to incorporate ethics education into its curriculum with its inaugural Ethics in Medical Care. By 2002, 79% of medical schools would offer a formal ethics course.

Today, the Association of American Medical Colleges (AAMC) requires that medical school graduates “demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent.” However, the design and inclusion of ethics in medical education are decidedly loose. They vary as each institution operates uniquely, and no consensus or standardizations exist amongst them.

“Some schools have dedicated courses in medical ethics; others try to embed ethics teaching into other parts of the pre-clinical curriculum,” says Oxman. “Unfortunately, for many medical students, a glancing exposure to abstract ethical principles in the pre-clinical classroom is where their ethics education begins and ends.”

Feature

Medical ethics borrows from various disciplines—literature, law, history, art, philosophy, and medicine—to provide physicians with a framework to manage the complex personal and professional problems presented by working in healthcare and beyond. While medical schools aim to produce great doctors, the idea is that by studying the humanities, they can also become good doctors.

The dynamic nature of medicine complicates things. As knowledge, protocols, and technology advance, physicians are confronted with new ethical dilemmas with little to no framework to guide them. Something that might have been considered ethical 30 years ago may not be today—and what we think is ethical right now may change in the future.

“In the real world, physicians’ ethical duties collide and compete against each other,” Oxman says. “Protecting patients from harm while also facilitating their autonomy requires nuance and judgment. Ethical dilemmas often have more than one acceptable resolution. Frequently, it’s not about pursuing a singularly correct ethical choice. Instead, it’s finding the most right or the least wrong way to proceed.”

A woman who recently suffered a stroke needs a temporary feeding tube for nutrition. She cannot speak but vigorously resists a doctor’s attempt to place the tube. Should the physician continue with the procedure or stop?

A man with advanced HIV is admitted to the hospital with pneumonia. He has never told his wife about his HIV diagnosis. Do the doctors have an obligation to tell her?

A young man who uses IV drugs develops severe endocarditis and recalcitrant heart failure. He needs complicated and expensive emergency heart surgery, but the surgeons worry that his drug use will just lead to reinfection. Should they offer him the operation?

These are all real scenarios that Oxman presents to his students.

“Acquiring the maturity and intellectual framework to wrestle with these situations is a critical part of becoming a physician,” he says.

Any patient would want their physician to have a strong ethical grounding to inform the care they receive. Research shows that the same grounding might be crucial to the physician’s own well-being.

According to the Centers for Disease Control and Prevention (CDC), those working in healthcare are at an increased risk for suicide due to longer working hours, emotionally difficult situations with patients and family members, workplace violence, and routine exposure to human suffering and death. In a Mental Health America survey conducted from June to September 2020 to record the experiences of healthcare workers during the still-ongoing COVID-19 pandemic, the findings showed that out of the 1,119 healthcare workers surveyed: 93% reported experiencing stress; 86% reported experiencing anxiety; 76% reported exhaustion and burnout; 75% reported feeling overwhelmed; and 39% reported that they did not feel they had adequate emotional support.

“Ironically, it’s in the preclinical years in a classroom setting where students get most of their ethics exposure, and there’s absolutely value to that abstract foundational knowledge,” says Oxman. “But in the clinical years, the most formative years for their professional development, that’s when students need guidance the most.”

A study published by Tulane and Jefferson in the *Journal of General Internal Medicine* found that exposure to the humanities correlated with positive personal qualities and a reduced risk of burnout for medical students. Those with a higher exposure reported higher levels of positive physician qualities like wisdom, empathy, self-efficacy, emotional appraisal, and spatial skills while reporting lower levels of negative qualities that are detrimental to physician well-

being like intolerance of ambiguity, physical fatigue, emotional exhaustion, and cognitive weariness.

“The fields of art and medicine have been diverging for the last 100 years,” says Salvatore Mangione, MD, co-author and associate professor of medicine at SKMC. “Our findings present a strong case for bringing the left and the right brains back together—for the health of the patient and the physician.”

During Phase One of the JeffMD curriculum, all SKMC students are required to complete two humanities electives. These courses provide students with opportunities to bolster the crucial skills of competent and empathetic doctoring: emotional awareness and empathy, close observation, and understanding of social and historical dimensions of health. The fusion of medicine and arts in classes such as Introduction to Creative Writing, Visualizing Anatomy, and Mindfulness and Compassion for Self and Others teaches students more about their patients, themselves, and the world around them.

Ethics at the Bedside is a Humanities Selective course offered through the JeffMD curriculum that utilizes a case-based approach for students to develop a deeper understanding of medical ethics, providing soon-to-be physicians with the philosophical tools required to discuss complex ethical issues.

“The goal of the course is to expose students to medical ethics as it happens in real life,” says Oxman. “In their medical rotations, students are moved from books to the real world while developing their clinical reasoning skills. I want them to also develop what I call their ‘ethical reasoning skills,’ so they can move through challenging ethical situations in the future.”

Though the principles of medical ethics (Beneficence; Autonomy; Non-maleficence; Justice) are easily memorized, it goes beyond recitation: one must “turn the abstract into practice.” To develop his students’ ethical reasoning, Oxman says the first thing he

stresses to students is the gut check, where one evaluates their emotional and moral reaction to a situation.

"We should not make decisions solely based on emotion, but I think that medicine, whether you're a nurse or a doctor, is an inherently moral endeavor, and if we start to lose the gut check, we're in trouble," says Oxman. "I ask my students: 'What is your first moral reaction to the situation?' Sometimes that reaction may lead you astray, but it's the best place to start. Once you've checked in with yourself, put it aside, and go to the second step, which is theoretical—thinking about which principles you've learned can be applied."

The next step, Oxman says, is to look at the specifics.

"Many students have this idea that clinical ethics is about being detached—like plugging in equations in a mathematical problem that gets you to the answer, and then you're done with it," explains Oxman. "But, in actuality, the specifics—of the situation and the people involved—are everything. Each case is like a little universe. For clinical ethicists, most often it is the specifics of the case that will give them a clue as to how to resolve the conflict."

The last step is applying judgment.

"Aristotle defined judgment or 'phronesis' as the ability to perceive what is required in feeling and action in any given situation," says Oxman. "There is no algorithm for doing what is wise. It's something you hopefully develop over years of experience and reflection. Often it comes down to just doing the best you can and what you think is right, and you have to be comfortable with some level of ambiguity."

A required component of the JeffMD curriculum is a scholarly inquiry project intended to provide medical students with the skills and experience needed to become critical consumers and producers of medical knowledge. As part of an integrated curriculum, Scholarly Inquiry overlaps with the threads of Evidence-Based Medicine, Health Systems Science, Professionalism/Ethics, and Wellness, alongside the Humanities Selective and the Clinical Experience program.



"For the ethics and professionalism thread, I started thinking of ways we could revamp how we used to do it," says Oxman.

That's when the opportunity to partner with the Voices for Our Fathers Legacy Foundation arose. Founded in 2014 by descendants of the Tuskegee Syphilis Experiment, the nonprofit aims to connect and provide annual scholarships to descendants and engage in the research project "The Untold Story," which offers support to the Tuskegee University National Center for Bioethics in Research and Health Care. The foundation's partnership with SKMC is now in its third year.

"We start with a talk on the generalities of research ethics, race in America, and medicine, and then they go into this presentation from that group," explains Oxman. "It's informative, sometimes uncomfortable, but necessary and enlightening for students. It's an amazing partnership."

For the future, Oxman has big dreams for ethics at Jefferson.

"Ultimately, my goal is to have a center that would serve as a platform for developing ethics programming," he says. "Having talks, bringing in visiting scholars, all to serve the goal of nurturing the ethical life of the Jefferson community."

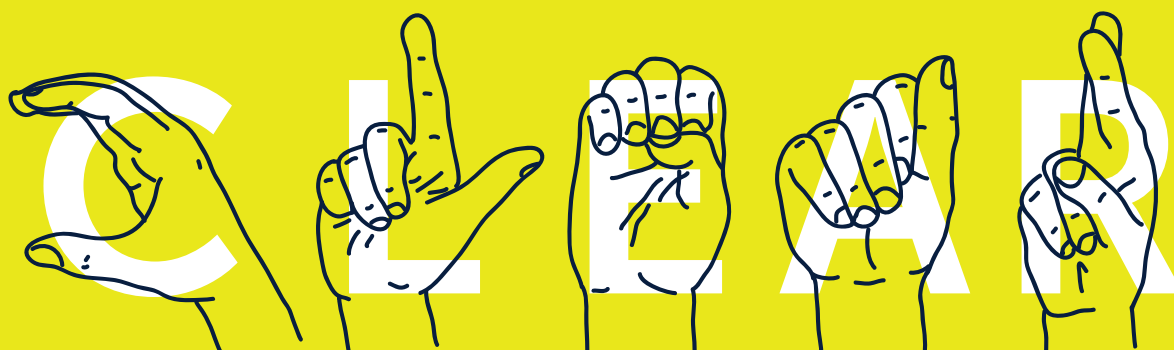
In speaking of his own journey to becoming a doctor and an ethicist,

Oxman says it's due to his love for humanism. At age 25, Oxman explains he had a "bit of a life crisis" while he was a graduate student in New York studying literature, unsure of where next to go in life. When he came across Abraham Verghese's "My Own Country: A Doctor's Story," a book about Verghese's account of caring for AIDS patients in Johnson City, Tennessee, something clicked.

"The humanistic side of medicine is what really spoke to me," he says. "Don't get me wrong: We need the people who fall in love with science early and want to be doctors from the age of six—but we also need people drawn to the humanistic side of medicine. For me, I think it was a combination of an intellectual fascination with medicine but also the ability to have a great vantage point for the human experience." 📖

For more information about current medical ethics activities, or about how to support ethics programming at SKMC and Thomas Jefferson University Hospital, contact David Oxman, MD at 215-503-9602 or david.oxman@jefferson.edu.

Student Profile



LOUD AND CLEAR

A Jefferson Medical Student Amplifies the Voices of the Deaf

BY IRISA GOLD

For many young girls in conflict with their parents, complaining to a friend about it is a rite of passage. A similar exchange with a girlfriend in middle school has been the catalyst for second-year medical student Natalie Perlov's career and lifelong passion, a journey that has transformed not only her own life, but also the lives of countless others.

Perlov's friend was a "CODA" (child of Deaf adults) who could hear and was fluent in American Sign Language (ASL). Perlov recalls, "We were complaining about our mothers, and she said, 'I hate it when my mom yells at me in sign language.' It blew my mind that you could yell at somebody using your hands—and it planted this idea in my head—to study how our brains process language, and the difference between sign versus spoken languages. I wanted to do something where I could learn ASL, apply it, engage with the Deaf community, and understand the issues they face."

The critical importance of language and communication shaped Perlov and her studies. As a

biopsychology major with a minor in linguistics at Tufts University, she wanted to learn how language is processed and the cognitive implications. A child of immigrant parents, she recalls asking her father, whose first language is Russian, how he would feel if someone tried to speak with him in Russian, even if it wasn't perfect. "He said, 'I would see they're making an effort, and it would mean a lot to see somebody trying to step into my shoes,'" she says.

Perlov believes that future healthcare providers need to have a solid understanding of where their patients are coming from. At Jefferson, she found a medical school that emphasizes this kind of empathy, with an emphasis on the medical humanities and the ways students can deepen their understanding of themselves and medicine.

In 2022, for her Humanities Scholarly Inquiry project through the JeffMD Curriculum, Perlov conceived the Deaf Education and Awareness for Medical Students program (DEAFMed). Her goal was to engender an understanding of the Deaf community and an

increased willingness to work with populations who don't speak English, especially populations that identify as Deaf. Designed as a supplementary curriculum, the pioneering program aims to bridge communication gaps to improve the quality of care. To kick things off, Perlov connected with the Deaf and Hearing Communication Centre, a local advocacy organization for Deaf and hard-of-hearing individuals, engaging a group of Deaf professionals and advocates to speak on topics around Deaf culture.

Running from August through November 2022, the pilot comprised five 90-minute lectures presented by Deaf professionals. The depth and breadth of the offerings included an introduction to Deaf culture and Deaf sensitivity training, milestones in American Deaf history, a history of the Americans with Disabilities Act, medical terminology in ASL, a "crash course" outlining the linguistic differences between ASL and English, and communications tips and strategies.

The course had 20-25 participants at each session, for a total of 98

Student Profile



| *Natalie Perlov*

participants throughout the series. “We had a great interdisciplinary turnout, including a mix of healthcare providers, students, and research coordinators across nursing, medicine, occupational therapy, and audiology,” says Perlov. All student participants were encouraged to fill out pre- and post-test surveys capturing demographics, attitudes, and beliefs; and assessing the course’s efficacy in changing participant perceptions and beliefs.

Perlov notes that it is critical to understand an individual’s cultural background and to recognize its nuances while communicating with patients. “In many cases, medical information is disseminated in either written or spoken English,” she says. “Yet for Deaf individuals, English may not be their first language. Deaf patients may not have the same health literacy as patients who utilize spoken language that can be translated into written language, producing barriers to care and leading to poor health outcomes.”

It is an issue, Perlov believes, all healthcare professionals should be aware of and care about. She says, “Hearing loss is pervasive across all age demographics, and Philadelphia

has one of the largest and most thriving Deaf communities in the country. Jefferson medical students will not have to look far before coming into contact with a Deaf patient.”

A new session of DEAFMed will kick off in July. The course will introduce a panel on bioethics and discussions of gene editing and eugenics. There will also be a panel of Deaf physicians, nurses, and educators, as well as a practice session on dealing with acute mental health emergencies with patients who communicate differently than providers.

“What I love about Jefferson’s humanities track is that it allows you to express your artistic creativity and explore other cultures in a way that applies to medicine,” Perlov shares. “That’s how I saw DEAFMed. I’ve been really fortunate. I’ve worked very hard on this project, and it’s been very rewarding.”

The implications—and applications—of DEAFMed are far-reaching. “One of the most exciting data points that we found in our research is that students strongly agreed after participating that they would feel more comfortable communicating with patients who

don’t use English as a primary mode of communication,” says Perlov. “That applies not only to Deaf patients, but also to a lot of our immigrant populations.”

Perlov hopes that DEAFMed will outlast her time at Jefferson, and ultimately become a longitudinal medical ASL course. “Part of the power of this program is empowering healthcare professionals to expand their communication skills,” she says. “I would love for students to immerse themselves in ASL and transition it into a medical focus; and for future healthcare providers to have a solid understanding of where their patients are coming from. For example, if they come into the emergency department and there is a Deaf patient, what skills and tools do they have to give this patient the best standard of care?”

Her fellow students inspire Perlov every day. “What’s made my Jefferson experience so special is my classmates, and the incredible people they are,” she shares. “It’s a really beautiful thing to see how far we’ve come. I look at them and think, ‘Oh, there’s a budding orthopedic surgeon.’ Or, ‘Oh, there’s a budding neurologist.’ I hope they feel the same way about me.”

Perlov’s future is alive with excitement and possibility. Later this year, she plans to marry her college sweetheart. And she is open to where her studies take her. “I like the idea of working in pediatric ENT with families and their children,” she says. “I think having more providers who are aware of what Deaf culture is, how ASL differs from English, and how crucial it is to give children access to language is imperative, and I would like to be part of that.”

DEAFMed was made possible through a grant from the Arnold P. Gold Foundation.

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Faculty Profile



Lucky 13 ... And Counting

BY IRISA GOLD

Thirteen years ago, Nathaniel R. Evans III, MD, arrived at Jefferson, changing the practice of thoracic surgery not only throughout the enterprise, but across the globe. And what a “Lucky 13” it has been, not only for the patients and their families who have benefited from his expertise and compassion, but also for those who have been inspired and empowered by his legacy.

Evans was exposed to medicine early on through his father, Dr. Nathaniel Evans II, an emergency medicine physician. “There were not then and there are not now a lot of Black male physicians,” he says. “I have memories of being out with him, and he knew everybody. He’d taken care of them or their family. A lot of the people in our community were excited to see him in or outside of the hospital.”

In college, Evans explored his career possibilities. “I looked into engineering and studied biology,” he

says. “It became clear that I would be best at medicine. It fit with my personality and my goals to solve problems and make the world a better place.”

Surgery was always squarely in his sights. “The reason I’m a surgeon is I’m much better at, ‘This is a specific problem, we have a plan, we’re going to fix it today, and tomorrow it will be better,’” he shares. “I went to medical school thinking I wanted to be a neurosurgeon. In my medical school rotations, I thought I wanted to be a heart surgeon.”

Lightning struck when Evans was introduced to thoracic surgery as a resident at Massachusetts General Hospital. “I found it very interesting. The disease processes are quite varied. We treat lung cancer, esophageal cancer, infections of the lung, and benign processes in the esophagus. In most of them, there are things that we can do to make patients a lot better over a short period of time.”

Evans found inspiration and mentorship in his teachers and colleagues at MGH’s thoracic surgery program. “That more than anything else colored my decision, seeing people that I admired, looked up to, and tried to emulate,” he says.

Following residency, Evans headed to Philadelphia and to Jefferson. “Part of it was being closer to family,” he says. “A bigger part was an opportunity to start something new in an academic medical center. There wasn’t much in the way of modern thoracic surgery happening in Philadelphia. The person who recruited me indicated that this was a chance to build a national or world-class thoracic surgery program in an academic center that didn’t really have one, and I agreed. The day before I started, that person left.”

Evans was undaunted. “When I started at Jefferson, I was the only thoracic surgeon at TJUH and Methodist Hospital,” he shares.

"There was clearly a need for patients to have access to the best quality thoracic surgical care. I thought that it presented a unique and exciting opportunity. I tell this to the fellows and the residents all the time. Especially as young surgeons, you don't really know what you're capable of until you have to do it by yourself. I was the busiest first-year thoracic surgeon in the country."

Now professor of surgery and director of Jefferson's Division of Thoracic and Esophageal Surgery, Evans looks back at the experience with nothing but gratitude and positivity. "In retrospect, it was

whether or not patients have access to high-quality care, whether it be surgery, radiation, or another approach. We want to highlight those challenges, and ensure that at least here at Jefferson, they don't exist. We are dedicated to getting out to every part of the health system to ensure that we are involved in our patients' care. Even if I don't operate on somebody, I can make sure they get the appropriate care, and be part of a team that's going to do that."

Evans recently led the charge on a groundbreaking initiative designed to bring lung cancer

better for it."

Evans finds inspiration daily from sources that feed his work—and his soul. "In the end, it's not about us, it's about the patients," he says. "Every week I see a new patient who faces a challenge that I don't know that I could ever face—with grace and humility in a way that I'm always impressed by—and we all try to do our best to help them along the way."

When Evans is asked about his legacy, and the department that he has built from the ground up, he shares, "I worry less about how I'm remembered and more about

What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.

NELSON MANDELA


great," he says. "I got a lot of experience very quickly. You learn what you're capable of, where to find help, and how to evolve as a clinical surgeon."

Evans' championship of research has taken the Division of Thoracic Surgery to new heights. "We are on the forefront of national and international research projects that change how we treat lung cancer and esophageal cancer," he says. "We were one of hundreds of sites involved in a national trial looking at how we perform lung cancer surgery that will change how we treat and operate on patients. Similarly, we participated in a trial studying the use of immunotherapy in early-stage lung cancer patients."

"We studied disparities in equity and care in lung cancer and esophageal cancer," he says. "The closer you look, the more disparity you find. Often that pertains to

outreach, education, and screening to underrepresented constituents. Through a grant from the Bristol Myers Squibb Foundation, Jefferson, as a leading provider of safety net health services in the city, connected with some of the most medically vulnerable, high-risk residents to increase their access to lung cancer screenings, in the hopes of detecting the disease at an earlier stage, reducing the barriers to successful cancer treatment, and ultimately reducing mortality.

Jefferson honored Evans with three awards in the past two years, including the Dean's Outstanding Clinician Award, the Dean's Award for Faculty Mentoring, and the Achievement Award in Medicine. "All three are equally important to me," he shares. "There's no point in being an excellent surgeon if you can't pass it on to others, and if you're not making the field and the community

how our division and program are remembered," he says. "I would like to be remembered as having made Jefferson a thoracic surgery program that is recognized, and that delivers excellent care to patients in the region. I always tell the residents and my partners that oftentimes the surgeon has to remember that it's not really about you, it's about the patients. I'm encouraged that when we're at national meetings and in national venues, Jefferson is recognized as a growing and excellent thoracic surgery program. I certainly can't take credit for all that. I take credit for getting the people here who have helped make that happen. And to me, that's more than enough." 

Alumni Profile



First, Do No Harm

A Fourth-Generation Jefferson Alumnus' Pioneering, Palliative Legacy

BY IRISA GOLD

Class of 1979 alumnus Geoffrey Dunn's roots run deep—not only in the soil of Erie, Pennsylvania, where his family has lived for generations, but also to the founding of Jefferson. His history is a storied one. A fourth-generation graduate of Jefferson, he proudly shares, "All of us were surgeons. All of us practiced in the same hospital. All of us were Fellows of the American College of Surgeons." A charter member of ACS, his great-grandfather arrived at Jefferson in 1879 and graduated

in the class of 1881. Dunn has the historic diploma, printed on parchment and signed by Jefferson luminaries Samuel Gross, MD 1828, and W.W. Keen, MD 1862.

Dunn's surgical career started early, around age 11, when his sister was bitten on the ear by a horse. He held her as his father repaired the damage. "I was his assistant," he shares. "This was my first patient exposure, and I was fascinated. I emulated him." Dunn soon opened a thriving practice for his sister's dolls, sewing on body parts and performing heart surgery on

Raggedy Anne.

In seventh grade, a new artistic passion emerged. After acting out in school, he was grounded. "My mother said, 'You're stuck inside for the next month, you're going to need a hobby,'" he says. "She gave me the best lesson I've ever had, showed me how to use oil paint and do a still life. I loved it, and for a while I thought I was going to be an artist."

Dunn majored in religion and painted extensively at Haverford College. After studying in Germany, he returned as a junior. A painting

mentor's candor followed by a family emergency set him on a new yet familiar path. He recalls, "He told me that I was one of his best and saw a good career for me in art, but said, 'I don't think you should do this; something's holding you back.' I sensed he was right, but I didn't know what to do."

Dunn then discovered that his mother faced a serious medical situation requiring surgery. He was horrified to learn of the poor treatment she received from her clinicians ahead of the procedure. "I thought, 'I would do a better job,'" he says. "Medicine was familiar. I was good at science, and said, 'This is what I should do.' The next day, I signed up for every pre-medical course I could at a local college. I was accepted at Jefferson a year after I made the decision to pursue medicine. I never had any regrets. The more I got involved, the more I knew it was the right decision. I loved it."

Following medical school, Dunn performed his residency at the Harvard Surgical Service at Deaconess Hospital, where he was chief resident. The experience exposed him to ideas and themes that later defined his career. He returned home to Erie's Hamot Medical Center as a general surgeon.

In 1988, Dunn was invited to establish a burn unit in a large teaching hospital in India. "I didn't know about dowry burns, a form of homicide used so the spouse could remarry for another dowry," he says. "Due to limited resources, training, and the magnitude of the burns that we saw, it was obvious to me that this was not going to be a burn unit. This was going to be a burn hospice. Even back in the U.S., a 90% burn was unlikely to be salvaged."

Hospice was in its earliest stages. "The idea that there was comprehensive humane care for people who are going to die was out there, and I thought that's what this would end up being," he says. "However, I couldn't offer patient comfort because they didn't have morphine available. I had to do

everything with Tylenol."

Dunn felt helpless and returned home. "I was busy, got happily married, and tucked that away, even though I had some PTSD," he says. "Then, my mother got terminal cancer." Following her passing, he threw himself into work. Six months later, burned out, he took a leave of absence.

A few weeks later, he was approached by a local hospice looking for a medical director. He agreed, and started making home visits. As someone who had worked in the hospital, he was not familiar with how hospice worked, or its benefits. For Dunn, it was a revelation. "I was stunned," he says. "Right away, I was seeing people, and it clearly was having positive impact." Dunn made up his mind and chose a new path. He says, "I gave notice that I wouldn't be back in surgery."

After a few years, a former colleague invited him to speak at an ACS meeting about his work with terminal pancreatic cancer patients. "As I spoke, I thought, maybe it's time to go back to the world of surgery with everything I've learned in the last few years with hospice," he says. "I met another surgeon, Dr. Robert Milch, with an almost identical transition. Out of that came the concept of surgical palliative care—and together, we wrote the first paper on the topic."

Dunn was committed to educating surgeons about this new idea. He defines it as "the treatment of suffering in all of its manifestations of patients and their families under surgical care." He cautions that this doesn't necessarily mean people having surgery. Patients under surgical care may be in ICUs, or have had surgery where there may be surgical implications in their future, or are being managed by intensivists.

In 1997, a respected burn surgeon helped to launch him onto the national stage, asking him to speak at an ACS symposium on physician assisted suicide. "He said, 'Dunn, you have 10 minutes to change surgery. Don't mess it up,'" he

shares. Dunn seized the opportunity to introduce the importance of improving surgical palliative care, calling out critical issues including over- and under-treatment, pain management, artificial feeding and hydration, and the importance of family communication. "I said, 'I promise I will do everything I can to advance this field, but I'm from a community hospital, and don't have an academic position,'" he shares. "It was the most senior, well-known surgeons that responded, 'You have to stick with us. This is really important, and is long overdue.'"

"I claim some responsibility for ushering surgery into this new field of medicine, and making them comfortable with it," he says. "This is a part of our tradition, but we don't recognize it anymore. We've gotten good at fixing and curing things, yet we've forgotten how to comfort people." Dunn is proud to have the first certificate issued by the American Board of Surgery in Hospice and Palliative Medicine. "I was the one who wrote the original pitch," he says.

In 1998, Dunn pivoted to seeing patients in the hospital in a team-based format in consultation with their families. "My background in trauma and surgery was helpful, giving me credibility as a consultant in palliative care in our ICU until I retired in May 2018," he shares.

While he had begun to return to painting in small doses, in the mid-1990s, Dunn began to paint again in earnest. "I paint outdoors in nature," he says. "I do landscapes. I began to exhibit in 2008, and am now represented in about five galleries." Today, Dunn partners with fellow painter and alumnus Gerald Marks, MD '49, to interest surgeons in painting. "We feel the overlap of surgery and visual arts," he says. "This is a perfect thing for surgeons to do, to relax, expand their spiritual reach and personal insight."

"I'm grateful for my Jefferson experience," he says. "This shared story with Gerry has brought it back to life. It's wonderful that you can reach across generations and find a dear friend." 🍷

Alumni Impact



The Power of Empowerment

Geetinder (Rosy) Chattha, MD '87

BY IRISA GOLD

When asked about her journey as a Jefferson student, Geetinder (Rosy) Chattha MD '87 recalls its transformative powers. "How I grew as a person and what I learned in those four years—the only other analogy I can give for such personal growth is being a parent," she says. "One day you are a regular citizen, and then four years later you have experienced and learned so much, and you feel like you are useful and can do something."

The daughter of immigrants from India who were also physicians, Chattha found her fellow classmates equally as inspiring. She glowingly describes her experience

among the "brightest, most creative, and motivated students" as a member of the Class of 1987. "I learned so much from my classmates," she shares. "Jefferson had a predilection and interest in taking students from non-science backgrounds and nontraditional students that was stunning to me. Sitting next to someone who is a qualified pharmacist, or nurse, or in the military—they had more life experience and this was perhaps a second career for them. My class had at least two music majors—people who could compose orchestral pieces and now could be a doctor. It blew my mind."

She continues, "Our first course was medicine in society, and

I really loved the fact that the first thing you learn is not highly technical, but something about who we are, and what we bring to this profession through our own personal backgrounds and experiences."

Needless to say, upon graduation Chattha felt well-prepared as she went on to residency in San Francisco.

Now a dermatologist practicing in Cupertino, California, and married to a fellow physician, Eldan Eichbaum, MD, a neurosurgeon, their daughter, Yasmine followed in their footsteps and applied to medical school. Chattha was pleased that Jefferson was on her list. She reconnected with her

alma mater during an alumni event in her home state in 2021. “I went to a Giants and Phillies baseball game, and got a chance to talk to a number of other alums,” she says. “One or two had children that were at, or had graduated from, Jefferson. It was so reassuring and wonderful to hear that their kids are loving it and really appreciating their education there.”

When her daughter was accepted to Jefferson, Chattha volunteered to be part of the reunion committee for her upcoming milestone reunion. “Being a part of the committee was a great chance to reconnect prior to the reunion, and also plan a visit to see our daughter after she had time to settle into her first year,” she says. In October 2022, she attended Alumni Weekend, returning to Philadelphia and her Jefferson roots for the first time since graduating 35 years before. “Jefferson is phenomenal,” she shares. “Even 35 years later, they are focused on medical education and how we train doctors. It makes me very happy that my daughter attends a medical school where medical education and the best and most innovative practices are greatly valued. The idea that every medical school is the same is not true at all.”

The experience inspired Chattha, reigniting a spark—and connection—to Jefferson that had never really dimmed; and now burns more brightly than ever before. She and her husband were moved to ensure that medical school was within reach for deserving students who might not otherwise be able to afford it. The pair established the Chattha Family Scholarship Fund, an endowed fund providing aid to medical students with demonstrated financial need.

“I would not be sitting here today and have the wonderful profession that I have were it not for Jefferson,” Chattha affirms. “This was a great opportunity to do what I could for the school. Being in California I can’t attend every function, but supporting students through a scholarship is the most effective impact I could make at this juncture

while still working in full practice. I also wanted to indirectly honor the Class of 1987, because so much of what I learned was from my fellow classmates. Supporting students was the best way to honor that.”

Even as an alumna who graduated 35 years ago, Chattha still cares about the SKMC students of today. “It makes my career and profession better to support younger students and residents coming up the pipeline,” she shares. “They should know they are cherished by those who came before them—we do care. If you can and are able (to help), it is wonderful to do so. When asked at the reunion, many of my classmates raised their hands and asked how they could do more for the current batch of students.”

The creation of this fund will benefit students for generations to come, bestowing a philanthropic legacy 35 years in the making, and ensuring the development of tomorrow’s most compassionate, innovative, knowledgeable, medical researchers and clinicians. [↗](#)



I would not be sitting here today and have the wonderful profession that I have were it not for Jefferson.



| Geetinder (Rosy) Chattha, MD and Eldan Eichbaum, MD at Alumni Weekend

Class Notes

Galicano F. Inguito, Jr., MD, MBA, FAAFP, Class of 1990



Galicano F. Inguito, Jr., MD '90, MBA, is board certified in family medicine by the American Board of Family Medicine and in medical management by the American College of Physician Executives and is a fellow of the American Academy of Family Physicians. He is president of Delaware Family Medicine, LLC, and in addition to private practice, he works in a 24-hour urgent care practice. Dr. Inguito has served on numerous national boards, including the Federation of State Medical Boards, the United States Medical Licensing Examination Step 3 Committee, and the Accreditation Council for Continuing Medical Education. He was honored by the Delaware Academy of Family Physicians as the 2008–09 Family Physician of the Year. Dr. Inguito has been named a "Top Doctor" as voted by his peers in Delaware Today magazine.

There are many wonderful opportunities to get involved with the SKMC Alumni Association and to connect with the Jefferson community, fellow alumni, recent graduates, and students. I encourage all alumni to get involved in mentorship. You can make a difference for our students! Share your wisdom and learn from the experiences of others.

The Alumni Association has hosted a series of virtual informational and networking events pairing students and alumni, including MED Talks, where alumni spoke on timely topics like living a life in medicine and selecting a specialty; the Alumni Host Program, where fourth-year students are matched with alumni in their geographic area and/or area of interest for networking, mentorship, and support for travel opportunities; and Jeff Alumni Chats, where students are paired with alumni to learn strategies and ask questions about "surviving" and succeeding in medical school.

I am proud to report that in the effort to strengthen diversity and inclusion throughout the Association, we have established the Inclusion, Diversity, and Equity Alliance (IDEA) committee, chaired by Irfan Galaria, MD '01, MBA. During Alumni Weekend 2022,

the committee hosted several events including a panel discussion highlighting racial disparities in cancer screenings. Further initiatives include fundraising for scholarships for underrepresented students, sponsoring an award to a graduating medical student who has contributed to addressing healthcare disparities, and establishing a fund to recruit students by providing travel stipends to applicants with financial need.

The Alumni Board continues to work in collaboration with the Office of Institutional Advancement on annual giving opportunities to fund student scholarships as well as the recruitment and retention of excellent faculty. I was privileged to attend the annual Scholarship Celebration, where I met several students deeply impacted by the generosity of our alumni donors.

In 2024, we will celebrate Jefferson's 200th year anniversary. This year-long Bicentennial celebration will highlight our alma mater's growth from one of the nation's first medical colleges to a professions-focused university, regional health system, and insurer. This occasion will not only commemorate Jefferson's storied past, but also look ahead to our incredibly bright future as we begin our third century. The formal

celebration will kick off in January 2024 with major events scheduled throughout the year. We welcome ideas from our alumni as we begin to plan the commemoration of this historic milestone.

Join the Jefferson Alumni Network online to meet friends both old and new! Mark your calendars for upcoming events, including the annual "Jeff at the Beach" for alumni and their families, on August 12, 2023, in Stone Harbor, New Jersey. Don't miss Alumni Weekend on October 20-21, 2023, in Philadelphia, celebrating alumni reunions with class years ending in the 3s and the 8s. This is a perfect opportunity to relive your Jefferson history and connect with fellow Jeffersonians! I look forward to seeing you.

I welcome your feedback and concerns. Contact me through the Alumni Association at alumni@jefferson.edu or 215-955-7750, or via email at ginguito@gmail.com. When you are in Philadelphia, please visit the Pinizzotto-Ammon Alumni Center at Jefferson Alumni Hall, Suite 210, Monday-Friday, 8 a.m. – 5 p.m. Or, "get social" and meet fellow Alumni on Facebook, Twitter, Instagram, and LinkedIn.

SKMC Class Agents

Gerald Marks, MD, Class of 1949
Herbert E. Cohn, MD, Class of 1955
Eugene F. Bonacci, MD, Class of 1956
Phillip J. Marone, MD, MSPH, Class of 1957
Stanton N. Smullens, MD, Class of 1961
William V. Harrer, MD, Class of 1962
Richard P. Wenzel, MD, MSc, Class of 1965
Michael P. Dolan, MD, Class of 1966
Elliot J. Rayfield, MD, Class of 1967
Harold A. Yocum, MD, Class of 1968
M. Dean Kinsey, MD, Class of 1969
Peter V. Scoles, MD, Class of 1970
Edward B. Ruby, MD, Class of 1971
Lawrence R. Schiller, MD, Class of 1972
Lynne E. Porter, MD, Class of 1973
Steven R. Peikin, MD, Class of 1974
Richard H. Bennett, MD, Class of 1975
Lorraine King, MD, RES '75, FEL '77, Class of 1975
Postgraduate representative
Robert L. Goldberg, MD, Class of 1976
Frank DeLone, MD, Class of 1977
Robert Boova, MD, Class of 1977
Duncan Salmon, MD, Class of 1978
Joseph R. Spiegel, MD, Class of 1979
Martin J. Carney, MD, Class of 1980
Richard F. Spaide, MD, Class of 1981
Russell Breish, MD, Class of 1982
Bruce J. Gould, MD, Class of 1983
John J. Kelly, III, MD, Class of 1984
Robert A. Ball, MD, Class of 1985
Bernard L. Lopez, MD, Class of 1986
Maria Scott, MD, Class of 1987
Patricia Curtin White, MD, FACP, Class of 1988
Sharon Gould, MD, Class of 1988
John H. Marks, MD, Class of 1989
Laurie Sangimino, MD, Class of 1990
Galicano F. Inguito, Jr., MD, Class of 1990
Nita S. Schwartz, MD, Class of 1991
Polly J. Krupnick, MD, Class of 1991
Corina Graziani, MD, Class of 1992
Douglas T. Corwin, Jr., MD, PhD, Class of 1993

Minesh C. Patel, MD, Class of 1993
Mahesh Krishnan, MD, Class of 1994
Suken A. Shah, MD, Class of 1994
James S. Harrop, Jr., MD, Class of 1995
Edward W. Kiggundu, MD, Class of 1996
David H. Finkelstein, MD, Class of 1997
Karen Ravin, MD, Class of 1998
Vicki H. Rapaport, MD, Class of 1998
Joseph Manfredi, MD, Class of 1999
Eddie Chang, MD, Class of 2000
Harris Cohen, MD, Class of 2000
John R. Manfredi, Class of 2001
Danielle M. DeHoratius, MD, Class of 2002
Alexander P. Sah, Class of 2002
Matthew Eichenbaum, MD, Class of 2003
Brian Kuxer, MD, Class of 2004
Matthew Keller, MD, Class of 2005
Jeremy D. Close, MD, Class of 2006
Kristine Swartz, MD Class of 2006
Joshua Marks, MD, Class of 2007
Brian Oliviera, MD, Class of 2008
Patricia C. Henwood, MD, Class of 2009
Franklin Lee, MD, Class of 2010
Tony Anene-Maidoh, MD, Class of 2011
Sarah J. Fuzesi, MD, Class of 2013
Madeline E. Carroll, MD, Class of 2014
Zinta L. Zapp, MD, Class of 2015
Tejal U. Naik, MD, Class of 2016
Mai Tsukikawa, MD, Class of 2017
Michelle M. Ponder, MD, Class of 2018
Phillip S. Gordon, MD, Class of 2018
Lea C. Matthews, MD, Class of 2018
Kaitlyn Votta, MD, Class of 2019
Nathan L'Etoile, MD, Class of 2020
Tayoot Chengsupanimit, MD, Class of 2020
Mary B. White, MD, Class of 2021
George Titomihelakis, MD, Class of 2021
Sage Vincent, MD, Class of 2021
Kai Inguito, MD, Class of 2022
Mary Blumenfeld, MD, Class of 2022
Eric Shuiey, *SKMC Representative*

SKMC Class Agent Program

SKMC Class Agents serve as liaisons to the medical college, working in conjunction with Annual Giving and Alumni Relations programming and reunions, to enhance alumni engagement, participation, and overall annual support of Jefferson.

Interested in becoming a Class Agent?

Contact Shelby Palmer at shelby.palmer@jefferson.edu or 215-301-8831.

Class Notes

'68

Joel M. Barish, MD, is enjoying his retirement in San Francisco, where he is a voluntary clinical professor at the University of California and relishes the student and faculty contacts. He makes an annual trip to the East Coast, as walking on the streets of Philadelphia brings back so many happy memories. He looks forward to his 60th-year reunion...if he still has a pulse, he'll be there.

Harold A. Yocum, MD, turned 80 in early June. Dr. Yocum and his wife, Maryjo, received treatment after contracting the COVID-19 virus in July. He managed to stave it off until turning 80 years old with a reasonable attention to masking, vaccination, staying away from crowds, and hand washing. So far, so good, and still out birding daily! Stay safe!

'69

Alexander Charles Gellman, MD, is retired and volunteers on the NJ State Board of Medical Examiners. He has completed missions to Cambodia, Nicaragua, Cuba, and Anguilla.

'71

Robert B. Falk, Jr., MD, was awarded the Nevonian Medal by Franklin and Marshall College in Lancaster, PA, at its Homecoming celebration in October 2022. The medal is given to an Alumnus/a who has demonstrated an extraordinary and sustained dedication to the College. Dr. Falk retired from practicing Anesthesiology in July 2016 and is currently active as a volunteer assistant squash coach at Franklin & Marshall. He also serves as board chair of the Lancaster International Piano Festival.

'72

Anna Marie D'Amico, MD, has not learned how to spell "retired." In addition to being the medical director of a medspa, she was just appointed to the Board of Medical Licensure in Delaware. Her husband, Andy Feiring, finally retired this year.

His spelling is minimally better than hers! They are looking forward to traveling more if this dang virus permits.

'73

Paul Zamostien, MD, is still working part-time at Planned Parenthood Southeastern Pennsylvania. He also sends out "Zamo's Pearls of the Day," an email newsletter with OB-GYN clinical pearls to over 930 people nationwide every weekday. He has been sending out this newsletter since 2015 and is approaching the 2,000th installment.

'77

Kent VanTuyl Carey, MD, has retired from emergency medicine.

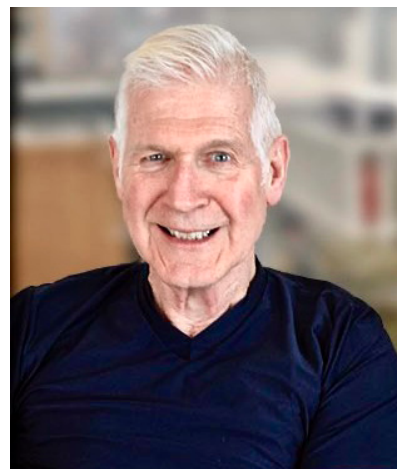
Leopoldo Delucca, MD, will retire in June after practicing Otolaryngology/Head & Neck Surgery for 42 years in Fort Dodge, Iowa. He completed his residency at Jefferson in 1981.

'81

Richard F. Spaide, MD, was the Guest of Honor of the Mexican Retina Society and the Israeli Retina Society. While in Israel, he also gave lectures at Hadassah Hebrew University Medical Center in Jerusalem and the Rabin Medical Center in Tel Aviv. He received the Hermann Wacker Prize from the Club Jules Gonin, an honorary European retinal society. He and his wife, Chang (PhD '82), completed a bicycle trip in Portugal and Italy this summer.

'83

Fred Carroll, MD, is a pediatrician at Alyn Pediatric Rehabilitation Hospital in Jerusalem. He has been married to his wife, Marna, for 40 years. They share three children and a granddaughter. Dr. Carroll's special interests include spina bifida and Philadelphia sports.



| Joel M. Barish, MD



| Harold A. Yocum, MD

'84

Vincent MacAndrew, MD. Ross MacAndrew, son of Vincent MacAndrew, ran in the Philadelphia Marathon on November 20, 2022. He came in 25th place in the full marathon with a time of 2:29:05. in a field of 8,100 runners. Cold and windy conditions factored into the race. The winning time was 2:14:20.

David A. Rivas, MD, received the 2022 Martin L. Dresner, MD Jefferson Urology Alumni Achievement Award.



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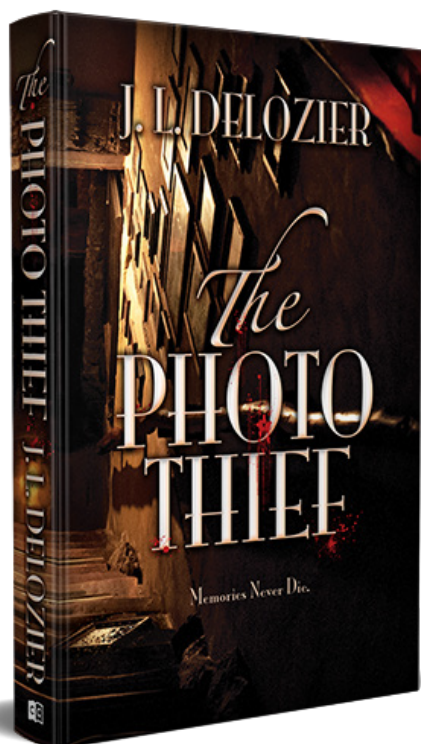
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Class Notes



| SKMC '18 classmates celebrate the wedding of Michelle Ponder, MD, and Douglas Hilbert, MD



| Jennifer Lynne DeLozier, MD

'91

Parvesh Kumar, MD (RES '90), was named the Associate Dean for Clinical and Translational Research at the University of Missouri School of Medicine. Additionally, he has been named the associate director for clinical research at Ellis Fischel Cancer Center, collaborating across the University of Missouri's Health Care and School of Medicine.

Maria Sophocles, MD, FACOG, NCMP, IF, has been fighting for over three years alongside NJ Senator Shirley Turner to pass and sign New Jersey Senate Bill S275, which allows patients to get contraceptive pills without a prescription. Dr. Sophocles signed the bill into law with Senator Turner and Governor Phil Murphy on January 11, 2023.

'94

Jennifer Lynne DeLozier, MD, retired in January to write full-time as the award-winning author J.L. DeLozier. Her fifth novel, a Gothic murder mystery titled *The Photo Thief*, was published in October and has been touted by Lisa Gardner as "a riveting thriller with a spine-tingling edge."

'18

Michelle Ponder, MD, and **Douglas Hilbert, MD**, married in Baltimore, MD, on September 18, 2022. They were joined by many of their best friends from their medical school class, including Mario Fonseca-Paricio, Tony Kang, Lea Matthews, Evan Nardone, Katelyn Scharf, Ashley Traczuk, Jetmir Vojnika, and Kevin Walsh.

SHARE YOUR STORY

Achievements

Class Notes

'61
Robert B. Tesh, MD, has spent most of his career conducting clinical and field research on vector-borne and zoonotic viral diseases. He's worked as a professor of pathology and microbiology and immunology at the University of Texas Medical Branch in Galveston for the past 22 years, and has also worked with NIH/NIAD, Yale University. Dr. Tesh officially retired four years ago and is now an adjunct professor.

'64
Robert McKim, MD, graduated in 1964 and entered a rotating internship at Emanuel Hospital in Portland, Oregon. During the internship he was drafted for military service for the Vietnam War.

Dr. McKim entered family practice in 1967 and after 600+ hours of CME, became Family Practice Board Certified. There were no family practice residencies at that time. He has also held positions as arman's medical examiner for the FAA, associate teaching professor in the Department of Family Practice at Oregon Health Sciences University in Portland, Oregon, and served on the board of trustees for the Oregon Academy of Family Practice and the Oregon Medical Association, and as an Oregon Delegate to the American Medical Association.

After over 2,300 deliveries, many tonsillectomies and orthopedic and tendon repairs, and 47 years, Dr. McKim retired in 2013. "Had a great career. Thanks, Jefferson," says McKim.

'67
Steven Fischer, MD, has retired after 45 years of practice as an ENT physician.

'68
Harold A. Yocum, MD, has been an



Pictured right, Dean Winslow, MD '76, with Anthony Fauci, center

avid birdwatcher since his time as a boy scout during his teenage years; this year he went over 600. He also served as president of the Oklahoma City Audubon Society.

'73
Bruce E. Jarrell, MD, FACS, was inaugurated as the seventh president of the University of Maryland, Baltimore on Friday, Nov. 5, 2021.

Tomas Jose Silber, MD, has been honored by the American Academy of Pediatrics (AAP) with the William G. Bartholome Award for Ethical Excellence, the Academy's highest honor in bioethics. Dr. Silber has dedicated more than 50 years of work to reflecting, writing, teaching, and devoting energy to the divulgation of the field of pediatric ethics.

He has been a consultant to the World Health Organization and the Pan-American Health Organization and has been awarded the *Adele Hoffman Award* by the Section on Adolescence of the American Academy of Pediatrics, the *Outstanding Achievement in Adolescent Medicine* by the Society for Adolescent Health and Medicine, the lifetime achievement award by the Cuban Ministry of Health, and the Children's National Mentorship Award. For several decades, Dr.

Silber was the director of the Adolescent Medicine Fellowship Program, the director of the Donald Delaney Eating Disorders Program, and director of the Ethics Program at Children's National in Washington, DC.

Dr. Silber is now professor emeritus at George Washington University, Division of Adolescent and Young Adult Medicine. He serves on the executive committee of the Ethics Program and is the editor of *Pediatric Ethicscope*.

'76
Dean Winslow, MD, a professor of medicine at Stanford University and senior fellow by courtesy at the Center for International Security and Cooperation, is currently on leave from Stanford while serving as senior advisor to the CDC COVID-19 Testing and Diagnostics Working Group based in Washington, DC. He is also back on active duty orders with the California State Guard.

'78
Robert P. Boran, Jr., MD, has retired from active practice in orthopaedic surgery. He continues to serve on the board of directors of the Eastern Orthopaedic Association (EOA) and recently received the Outstanding Service award of the EOA.

Stephen I. Kramer, MD, recently retired after 38 years of clinical practice as professor emeritus of psychiatry and behavioral medicine at Wake Forest Baptist Health Sciences in Winston-Salem, North Carolina. During his tenure, he helped develop programs in forensic psychiatry and neuropsychiatry.

Dr. Kramer served the American Board of Psychiatry and Neurology, Inc. for 25 years, and continues to work for the Joint Commission as field representative/physician surveyor and as a topic editor for *DynaMed*. Currently, he is serving his second term on the board of directors of the Winston-Salem Symphony, and grandparenting with his wife, Rochelle Prague Kramer, who also retired from the medical center as a reference librarian.

'80
Angela E. Lin, MD, is a medical geneticist at MGH who cares for patients with rare syndromes. She has a long-standing interest in art and the portrayal of people with physical differences. Dr. Lin fulfilled a dream as the senior editor of a special issue of the *American Journal of Medical Genetics* titled "Syndromes and Malformations in Art and Antiquity: New Perspective on a Familiar Theme."

'83
Ruth E. Weissberger, MD, has been named governor of the Connecticut chapter of the American College of Physicians (ACP), the national organization of internists. The board of governors is an advisory board to the board of regents and implements national projects in addition to representing members at the national level.

'85
Suzanne Topalian, MD, has spent the past four decades contributing



Michael Savage, MD '80, FEL '86 (left) and David Fischman, MD, FACC, FACP, FEL '91 (right) were recently featured in an article published by Public Health as two of the Top 50 Influencers in Cardiology on Twitter. Follow them: @DocSavage2U and @dfischman_david.

groundbreaking research and opening new avenues of scientific investigation in cancer immunology. Her contributions extend well beyond her lab at Johns Hopkins, establishing immunotherapy as a pillar of oncology around the world.

Her research has resulted in the unprecedented development and regulatory approval of drugs for over a dozen different cancers—benefitting countless patients and their families.

Dr. Topalian's research focuses on manipulating immune checkpoints in cancer therapy. She led a team at the Johns Hopkins Kimmel Cancer Center in a global effort that established immunotherapy as a viable method of cancer treatment alongside surgery, chemotherapy, and radiation therapy.

'95
Miya Asato, MD, a pediatric neurologist, has been named vice president of training by the Kennedy Krieger Institute. She also directs the nationally recognized Maternal and Child Health Leadership Education in Neurodevelopmental and Other Related Disabilities Program (LEND), which provides graduate-level, interdisciplinary training to clinicians with an interest in neurodevelopmental disabilities.

Dr. Asato joined the institute from the University of Pittsburgh School of Medicine's Department of Pediatrics, where she was a professor of both pediatrics and clinical and translational science at the school.

She has served as the program director of Pitt's neurodevelopmental disabilities residency since 2007.



'06
Madhuri Dholakia, MD, published her debut novel, *The White Coat Diaries*, which highlights a young doctor's struggle to survive residency, love, and life. The book deals with themes of physician burnout, moral injury, high expectations placed on her from culture, and more. She has two more books planned in her deal with Penguin Random House/Berkeley.

Accolades

Milestones

Events

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Alumni Award Recipients



(Left to right)

**Nicholas J. Ruggiero, II, MD '01, Residency '08,
Joseph W. Sokolowski, Jr., MD '62, and Col. Dean L. Winslow, MD '76**

Early Career Alumni Award

Established in 2020, the Early Career Alumni Award recognizes medical college alumni who are 10-20 years post-graduation for their outstanding early career achievements and strong, demonstrated potential for future leadership in their chosen specialty.

Nicholas J. Ruggiero, II, MD '01, Residency '08

Dr. Ruggiero majored in biology/molecular genetics and graduated summa cum laude from King's College in Wilkes Barre, Pennsylvania. A magna cum laude graduate of Jefferson Medical College and recipient of the prestigious Joseph Rogers

Award, he completed his residency in internal medicine at Thomas Jefferson University Hospital, receiving numerous teaching awards and serving as Chief Medical Resident. Following the completion of his fellowship in cardiology at Jefferson, he completed two additional fellowships at Massachusetts General Hospital in interventional coronary/structural cardiology and vascular medicine/interventions, and served on the faculty of Harvard Medical School as an instructor in the cardiac catheterization laboratory.

Following fellowship, Dr. Ruggiero was recognized by the Society of Cardiovascular Angiography and Intervention with the Gregory P.

Braden Award, which is given to the top graduating interventional fellow in the country, and the Cardiovascular Research Technologies Young Leaders Award. He was recruited back to Jefferson and began his own section as the director of structural heart disease and non-coronary interventions. Under his guidance, he developed the TAVR, Mitraclip, and Watchman programs and established a Center of Excellence for PFO and stroke.

Dr. Ruggiero is currently the director of the Cardiac Catheterization Laboratory, Structural Heart Disease Program, Jefferson Heart Institute Vascular Laboratory, and Structural Heart Disease Fellowship. He is an

associate program director of the cardiology fellowship and the adult cardiothoracic anesthesiology fellowship. A national thought leader in structural heart disease and peripheral vascular interventions, he is the PI of multiple interventional research trials. He has published more than 60 peer-reviewed papers, authored numerous book chapters and abstracts, edited multiple textbooks, delivered multiple lectures at national and international meetings, served on many national and international committees, and is on the editorial board of multiple journals. Dr. Ruggiero is board certified in internal medicine, cardiology, and interventional cardiology, is a full professor at the Sidney Kimmel Medical College and past president of the Sidney Kimmel Medical College Alumni Association.

Distinguished Alumni Award

The Distinguished Alumni Award was established in 2017 to recognize alumni posthumously for a lifetime of distinguished and outstanding achievements and contributions to their profession and/or field of interest, and for contributions benefitting their community and humanity.

Joseph W. Sokolowski, Jr., MD '62 (1936-2017)

Dr. Sokolowski dedicated his life and career to medicine through his service in the U.S. Navy, as a clinician and a volunteer.

He received his undergraduate degree from the College of the Holy Cross in Worcester, Massachusetts, before earning his medical degree at Jefferson Medical College in 1962. He began his career in the U.S. Navy, where he served on active duty until 1971.

Dr. Sokolowski's naval service included a post as senior medical officer aboard the USS *Fulton*, the ship that tended the Navy's first nuclear attack submarines, where he participated in the search for the remains of the USS *Thresher* when it was lost in April 1963. He continued

in the Navy Reserve until 1985.

In private practice, Dr. Sokolowski served on the medical staff at Our Lady of Lourdes Medical Center in Camden, New Jersey, as the director of respiratory care and the division chief of pulmonary diseases. He was also a clinical professor of medicine at Thomas Jefferson University and a member of the Board of Directors for both the American Medical Association and the American Thoracic Society.

Dr. Sokolowski continued his medical service in retirement through the Knights of Malta, where he participated in several missions to Haiti and Lourdes, France. He also volunteered as an EMT for several years with the Medford Lakes Emergency Squad and as a mentor to young students in Camden. Dr. Sokolowski and his wife, Maureen, welcomed nine children and 19 grandchildren in their 54-year marriage. He is buried at Arlington National Cemetery.

Alumni Achievement Award

The Alumni Achievement Award was established in 1964 to recognize the outstanding and distinguished professional achievements of medical college alumni.

Col. Dean L. Winslow, MD '76

While in private practice in Wilmington, Delaware, Dr. Winslow started the state's first multidisciplinary clinic for HIV patients in 1985. In 1988, he joined the DuPont Company and worked as a bench scientist on HIV drug resistance.

He has served on the faculty of Stanford University since 1998. In 1999, he became Vice President of Regulatory Affairs at Visible Genetics Inc. Dr. Winslow joined the staff at Santa Clara Valley Medical Center in 2003, serving as Chief of the Division of AIDS Medicine and later as Chair of the Department of Medicine. He served as Co-director of Stanford's Infectious Diseases Fellowship Training Program from 2003 to 2008.

In 2015, Dr. Winslow was appointed Academic Physician-In-Chief at Stanford/ValleyCare and Vice Chair of the Department of Medicine. He was Lead Physician for the U.S. Antarctic Program of the National Science Foundation based at McMurdo Station, Antarctica, from 2019 to 2020. He is currently professor of medicine with appointments in the Divisions of Hospital Medicine and Infectious Diseases at Stanford and a senior fellow (courtesy) at CISAC/Freeman Spogli Institute.

Dr. Winslow entered the U.S. Air National Guard in 1980 and was a distinguished graduate of the USAF School of Aerospace Medicine. He served as Commander of the 159th Medical Group from 1992 to 1995 and was State Air Surgeon, Delaware Air National Guard from 1995 to 2011. Dr. Winslow deployed to the Middle East six times from 2003 to 2011 as a flight surgeon supporting combat operations in Iraq and Afghanistan. In 2005, he coordinated military public health in Louisiana in the aftermath of Hurricane Katrina. In 2006, he served as an ER physician at the U.S. Air Force 447th EMEDS (combat hospital) in Baghdad, and in 2008 as hospital commander during the Iraq surge. A 2007 graduate of Air War College, he served as an infectious disease consultant to the USAF Surgeon General. In 2017, Dr. Winslow was nominated by the President to serve as Assistant Secretary of Defense for Health Affairs.

In 2015, he and his wife, Dr. Julie Parsonnet, created The Eagle Fund of the Silicon Valley Community Foundation, which provides aid to Middle Eastern and Central American refugees. He co-founded Scrubs Addressing the Firearms Epidemic (SAFE) in 2018, advocating for education, research, and evidence-backed policy to reduce gun violence in the U.S. and uniting healthcare professionals to address it as a public health issue.

In Memoriam

Victor F. Greco, MD '51



On October 15, 2022, surgical pioneer Victor F. Greco, MD '51, passed away. Dr. Greco will be remembered as one of Pennsylvania's most highly regarded physician leaders, but despite the innumerable titles he had held—like the president of the Pennsylvania State Medical Society, Deputy Secretary of Health, Pennsylvania's only representative on President Bill

Clinton's National Health Board—the ones he was proudest of were "husband" and "father."

Known to his patients as "Doc," Dr. Greco was from the Pocono Mountains, where he returned to care for his friends and neighbors in Hazleton, Pennsylvania. He was the town's first fully university-trained surgeon.

Around Hazleton, Dr. Greco was a familiar face. He was known for his quirky license plates and was seldom spotted without a flower tucked neatly into his lapel. At times, he'd accept backyard vegetables and homemade wine in lieu of payment. Often, out on walks downtown, he'd run into patients.

As a boy, Dr. Greco was graced with intelligence and velocity. At age five, he decided he wanted to become a surgeon. By 15 years old, he had finished high school and became a "Junior Intern" at Hazleton General Hospital; by 18, and already graduating from the University of Scranton with high honors, young Victor had assisted surgeries at Hazleton General.

Of course, adventure and prestige came calling. Perhaps his most impressive contributions in medicine happened in the early '50s as a surgical resident at Jefferson, where Dr. Greco was involved in three significant medical advances: the development of the heart-lung machine and the nation's first prototype cancer screening clinic, as well as the first successful open-heart surgery.

He was also the personal physician to Muhammad Ali, who had asked Dr. Greco to accompany him to the "Rumble in the Jungle."

Yes, *that* fight: Foreman versus Ali. Dr. Greco recalled telling him that he couldn't make it—he was too busy.

Once, as a favor to Pennsylvania Governor Bob Casey, Sr., Dr. Greco reorganized the state's several dozen health clinics as the Deputy Secretary of Health. After the clinics were running smoothly, he resigned. The bureaucracy wasn't in his blood.

Dr. Greco loved giving care. The rewards were simple and deep.

"Seeing patients before and after just gave me this elation, that I was able to do something for an individual," he said.

Patients would come within moments of the end of their life. But then they'd find help in the skill, invention, and collaboration of others. They would survive.

"Somebody who was dying," Dr. Greco once said, "is now living."

Dr. Greco is survived by his wife of 70 years, their six children, and 11 grandchildren.

'48

Creighton Lamar Lytle, MD, of Beaverton, Oregon, passed away January 22, 2023. He was 100. After interning at St. Luke's Hospital in Bethlehem, Pennsylvania, in 1950, Dr. Lytle opened a general medicine practice in nearby Sunbury, Pennsylvania. He moved to West Point, New York, served two years in the Air Force, and in 1954 moved his family to Broomall, Pennsylvania, where he built a family medicine practice. He later accepted the opportunity to join the Industrial Medicine Department at the Philadelphia Naval Shipyard, where he spent 21 years, eventually attaining the position of chief medical officer. After retiring from his government position, he continued to see private patients at his home office in the evenings for 20 more years. He fully retired from patient care in 1991 and eventually moved to Beaverton, Oregon, to be near his grandchildren and great-grandchildren. Dr. Lytle often spoke of the honor he felt being a Jefferson physician, and was proud he could name 10 Jefferson graduates spanning three generations in his extended family tree.

'50

John C. Lychak, MD, of Bethlehem, Pennsylvania, peacefully passed on Tuesday, February 7, at Lehigh Valley Hospital-Muhlenberg, surrounded by his family. He was the husband of Elizabeth A. (Hassick) Lychak. He was born in Hokendauqua, Pennsylvania, on November 25, 1926, to the late John and Mary (Grason) Lychak. At the age of 16 he was the valedictorian of the 1943 class of Catasauqua High School. Thereafter he entered the Navy College Officers Program at Villanova and graduated pre-med from Muhlenberg College in 1946, after which he attended medical school at Jefferson, graduating in 1950 at the age of 23. During this time he served in the Navy during World War II and the Korean War. Dr. Lychak completed his residency at the University of Pennsylvania and was board certified in Psychiatry and Neurology in 1956. After returning to Bethlehem Dr. Lychak started his private practice and served on the St. Luke's Hospital staff from 1954 to 1994. With his colleague he established the psychiatry unit at Lehigh Valley Hospital-Muhlenberg, thereby enabling it to become a licensed hospital. He was

appointed chief of Psychiatry from 1980 until 1989 and remained on staff until 1994. He continued in private practice in Bethlehem for 58 years until his retirement in 2015. Dr. Lychak and his family were members of Saucon Valley Country Club from 1960 until the present and also members of the Central Moravian Church, Bethlehem. He was a passionate tennis player, skier, swimmer, and outdoors man well into his 80s. This dedication to fitness continued until shortly before his death. In addition, John loved learning, with an endless appetite for reading, movies, opera, traveling, and new experiences. He was a member of Jefferson's 1824 Society.

'54

Donald N. Dubrow, MD, of Dallas, Texas, passed away June 21, 2022. After graduating from Jefferson, he interned at Albert Einstein Medical Center. He served four years with the U.S. Air Force before undertaking a residency in internal medicine at Baylor University Medical Center in Dallas. He derived special enjoyment practicing geriatric medicine. Dr. Dubrow practiced medicine the old-fashioned way, taking time to listen to his patients and giving them the care they needed. Opera, history, reading, gardening, and his boxer dogs were his medicine. He was proud to be a Jefferson alumnus. He is survived by his wife of 63 years, Nanci Sherman Dubrow, three daughters, three grandchildren, his brother Robert, and his boxer Tango.

'55

John Aloysius Nagle, MD, of Stamford, Connecticut, passed away August 8, 2022. After graduating from Jefferson, he interned at Greenwich Hospital, completed a residency in radiology at New York Hospital Cornell Medical Center, and a residency in internal medicine at Jefferson Medical College Hospital. He served his country as a captain in the U.S. Medical Corps at Fitzsimons Army Hospital in Denver, Colorado. He opened an internal medicine private practice in 1961 in Stamford, retiring 38 years later.

He was director of the Division of Medicine at St. Joseph's Medical Center from 1971 to 1999, chief of the medical staff from 1984 to 1986, a Diplomat of the American Board of Internal Medicine, and elected a Fellow of the American College of Chest Physicians. He enjoyed his weekly coffee group, and skiing in the East and West. He spent his summers with family at his home on the Island of Martha's Vineyard.

John Daniel Turco, Sr., MD, passed away peacefully in his home in Naples, Florida, on January 12, 2023, surrounded by his wife and three children. He practiced OB-GYN in Hagerstown, Maryland, for over 20 years, retiring in the late '80s.

'59

John J. Schubert, MD, passed away on July 27, 2022. Dr. Schubert became a board-certified nephrologist and established the treatment of kidney disease and acid base balance in the Lancaster, Pennsylvania area. He initiated the dialysis program at Lancaster General Hospital, with a focus on home dialysis. Dr. Schubert was a mentor to the residents in the family practice program. He is survived by his wife, six children, and a brother.

'62

Paul Kornblith, MD, passed away January 10, 2023, in Austin, Texas. Upon graduating Jefferson, he served two years of active duty in the U.S. Army, one stationed in Korea and one at Valley Forge Medical Hospital. Following his military service, Dr. Kornblith became director of Clinical Neuro-Oncology at Mass General, clinical director at the NINCCDS, and he taught at Harvard Medical School. He held appointments at Albert Einstein College of Medicine, Montefiore Medical Center, and the University of Pittsburgh Cancer Institute and Medical Center, before launching a second career as an entrepreneur in the field of biotechnology, founding Precision Therapeutics. A gifted writer, Dr. Kornblith wrote four books, several

chapters in others' books, and over 140 scholarly papers that will inform future generations of doctors and scientists. He also was an avid toy train and antique tool collector, enjoyed listening to classical music, and loved reading about history and current events.

'72

James Michael Ryan, MD, (LTC, US Army, Ret.), passed away May 16, 2018. He attended LaSalle College and Jefferson on a full scholarship, followed by an internship in Des Moines, Iowa, a general surgery residency at Ft. Leonard Wood, and a thoracic surgery residency at Bethesda Naval Hospital. While serving on active duty in the U.S. Army, he was stationed in Korea and at 2nd General Hospital in Landstuhl, Germany, where he met and married his wife, Susan. He left active duty and served in the Army Reserves in Albany, New York, where he was employed as a thoracic surgeon at the Albany VA Medical Center. In 1991, he was called up for Operation Desert Storm and served in Oman for three months. Over the years, he and his family went on a mission trip to Zambia in support of orphans of the AIDS epidemic and on a trip to Peacehaven Farm in North Carolina to assist with construction of a residence for disabled adults. He loved his family and friends deeply, and enjoyed a good belly laugh.

'78

Kenneth Kovalsky, MD, passed away on Friday, July 10, 2020, with his loving wife of 35 years, Priscilla Cullen Kovalsky, by his side. Kenneth was a brilliant student who exited the University of Maryland in 1974 before his senior year to enter Jefferson Medical College in Philadelphia, Pennsylvania. Upon his graduation from medical school in 1978, Kenneth excelled during his three-year residency in family medicine at Sacred Heart Hospital in Allentown, Pennsylvania. Upon completion of his residency in 1981, he established a thriving solo family medicine practice on State Hill

Road in Wyomissing Hills, where he served thousands of patients in the area. He often worked seven days a week serving his patients, who he deeply cared about. Due to medical issues, he retired in 1997 and moved to Florida in 2000 to enjoy the climate and his hobbies, including wildlife photography, exercise, and numerous other interests.

'87

Beth Bowen, MD, passed away on December 22, 2022. After graduating from Jefferson as a member of the Medical Honor Society, she completed an internship and residency in family medicine at the Medical Center of Delaware. She worked as an assistant professor at Emory University School of Medicine. For several decades she spent up to half of each year serving with non-governmental organizations that were accredited to the United Nations and its affiliate agencies. Throughout her travels, she offered services to the Baha'i communities, assisting them in their efforts to bring about a united world. She was the national president of the Physicians for Social Responsibility in 1993, and served on its board of directors for nine years. Dr. Bowen was a frequent consultant, speaker, rapporteur, author, contributor, and editor for the United Nations Environment Program, the United Nations Children's Emergency Fund (UNICEF), the World Health Organization, and the Institute of Medicine of the National Academy of Sciences. Later in her career, she became a strong advocate of Jungian psychology, studying at the International School for Analytical Psychology in Switzerland, and added private practice of psychology to her medical practice.

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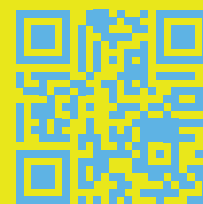
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